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# ANNUAL REPORT

ON THE

*Health of the*

*County Borough of Grimsby,*

**For the Year ending 31st December, 1951,**

— BY —

**JAMES A. KERR, V.R.D., B.Sc., M.D., D.P.H.**

Medical Officer of Health

and School Medical Officer



GRIMSBY:

ROBERTS & JACKSON, Ltd., Printers, 7a & 9 Maude Street



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## GRIMSBY COUNTY BOROUGH HEALTH COMMITTEE

(as constituted on 31st December, 1951)

His Worship the Mayor

ALDERMAN J. A. WEBSTER, J.P.

*Chairman*

ALDERMAN W. H. WINDLEY

*Deputy Chairman*

COUNCILLOR T. A. PARKER

*Aldermen*

I. ABRAHAMS, J.P.

M. BLOOM, J.P.

J. H. FRANKLIN

W. HARRIS

C. W. HEWSON, J.P.

J. C. B. OLSEN

C. H. WILKINSON, M.B.E., J. P.

*Councillors*

R. BATESON

A. BRADLEY

R. BRYANT

R. DANBY

R. GILLIATT

C. W. JAKES, J.P.

A. E. KELHAM

MRS. M. LARMOUR

MISS J. B. B. McLAREN

E. W. MARSHALL

H. D. MITCHELL

W. J. MOLSON

T. MUMBY

T. W. SLEEMAN

T. F. SMITH

and the following Co-opted Members:—

DR. J. COTTRELL, J.P.

DR. P. R. RIGGALL

DR. M. A. WATT

MR. R. C. BELLAMY

MR. C. W. SPENDELOW

MR. R. WOOD

## SUB-COMMITTEES OF THE HEALTH COMMITTEE

## FINANCE AND BUILDINGS:—

ALDERMAN WINDLEY (*Chairman*); COUNCILLOR PARKER (*Deputy-Chairman*); ALDERMEN BLOOM, FRANKLIN, HARRIS AND OLSEN; COUNCILLORS GILLIATT, JAKES, MITCHELL AND SLEEMAN. *Co-opted Members*:— MESSRS. W. BACON, R. C. BELLAMY, A. CUCKSON, F. C. NORTHCOTE AND C. W. SPENDELOW.

## MATERNITY AND CHILD WELFARE:—

COUNCILLOR BRYANT (*Chairman*); ALDERMAN HARRIS (*Deputy-Chairman*); ALDERMEN OLSEN AND WINDLEY; *Councillors* BATESON, DANBY, MRS. LARMOUR, MISS McLAREN, PARKER AND SLEEMAN. *Co-opted Members*:— MESDAMES M. CRESSWELL, A. GARLICK, F. W. MORRIS AND L. NICHOLLS; DR. E. J. THOMSON.

## MENTAL HEALTH:—

COUNCILLOR MITCHELL (*Chairman*); COUNCILLOR MUMBY (*Deputy-Chairman*); ALDERMEN BLOOM AND WINDLEY; COUNCILLORS BRYANT, KELHAM, MRS. LARMOUR, MOLSON, PARKER AND SMITH. *Co-opted Members*:— MESDAMES A. GARLICK, L. NICHOLLS, E. M. THOMPSON AND A. B. TURNER; DR. J. D. HORSBURGH.

## PERSONAL HEALTH:—

COUNCILLOR PARKER (*Chairman*); COUNCILLOR KELHAM (*Deputy-Chairman*); ALDERMEN HARRIS, WILKINSON AND WINDLEY; COUNCILLORS BRYANT, DANBY, JAKES, MARSHALL AND MISS McLAREN.

*Co-opted Members*:— MESDAMES L. A. COWIE, A. B. TURNER AND J. A. WOOD; MR. P. R. ROBINSON AND DR. T. BARROWMAN.

## SANITARY:—

COUNCILLOR SMITH (*Chairman*); COUNCILLOR MUMBY (*Deputy-Chairman*); ALDERMEN BLOOM, HEWSON, OLSEN, AND WINDLEY; COUNCILLORS GILLIATT, MARSHALL, PARKER AND SLEEMAN.

*Co-opted Members*:— MESSRS A. CUCKSON, N. HOPPER, T. HUNT, COUNCILLOR AND MRS. A. C. PARKER.



## LOCAL ACTS, ADOPTIVE ACTS, BYELAWS AND LOCAL REGULATIONS IN FORCE IN THE BOROUGH.

### LOCAL ACTS.

- The Great Grimsby Improvement Act, 1853.
- The Grimsby Improvement Act, 1869.
- The Grimsby Extension and Improvement Act, 1889.
- The Grimsby Corporation Act, 1921.
- The Grimsby Corporation Act, 1927.
- The Grimsby Corporation (Dock &c.) Act, 1929.
- The Grimsby, Cleethorpes and District (Water etc.) Act, 1937.
- The Grimsby Corporation Act, 1949.

### ADOPTIVE ACTS.

- The Public Acts Amendment Act, 1890.
- The Private Street Works Act, 1892.
- The Public Libraries Acts.
- The Public Health Acts Amendment Act, 1907. (Part II, IV, VI, & X).
- The Public Health Act, 1925, (Sections 13 to 33 and 35 of Part II).

### BYE LAWS.

- Provision of means of escape in case of fire in factories in the Borough, 1921.
- Nuisances, 1923.
- Premises where food is prepared or cooked, 1926.
- Tents, Vans, Sheds and Similar structures, 1926.
- Conduct of persons waiting in streets to enter public vehicles, 1930.
- Smoke Abatement, 1936.
- New Streets, 1937.
- Nursing Homes, 1937.
- Seamen's Lodging Houses, 1938.
- Building Byelaws, 1939.
- Slaughter Houses, 1939.
- Common Lodging Houses, 1940.
- Fouling of footpaths by Dogs, 1942.
- Pleasure Gardens, 1946.
- Scartho Road Cemetery, 1948.
- Handling and Wrapping of Food, 1948.
- Employment of Children and Street Trading, 1948.
- Parking Places, 1950.
- Cemetery Charges, 1952.

### LOCAL REGULATIONS.

- Grimsby Port Health Authority Regulations.
- Projections in Public Streets, 1922.
- Street Collections, 1923.
- Scartho Road Cemetery, 1951.



## STAFF OF THE HEALTH DEPARTMENT.

The staff of the Health Department on 31st December, 1951, was as follows:—

### MEDICAL.

J. A. KERR, V.R.D., B.Sc., M.D., D.P.H., *Medical Officer of Health, School Medical Officer, Certifying Officer under the Mental Deficiency Acts and Medical Inspector of Aliens.*

JANET W. HEPBURN, M. B., Ch.B., D.P.H., *Senior Assistant Medical Officer for Maternity and Child Welfare.*

GERTRUDE K. BIRCHENOUGH, M.R.C.S., L.R.C.P., D.P.H., *Assistant Medical Officer for Maternity and Child Welfare and Assistant School Medical Officer.*

J. G. J. COGHILL, M.B., Ch.B., *Assistant Medical Officer of Health and Assistant School Medical Officer.* (from 1.7.1951).

### SANITARY INSPECTORS.

\*† H. PARKINSON, *Chief Sanitary Inspector.*

\*† H. CORMACK, *Deputy Chief Sanitary Inspector.*

\*† A. MANSON, *Senior District Sanitary Inspector.*

\*† W. W. REED.

\*† R. GROAT.

\*† R. H. MANN, (left 21.1.1951.)

\*† S. F. BURKETT

\*† G. A. BOANAS.

\*† J. R. FISHER.

\*† F. HOLMES.

\* A. F. C. KENT.

\*† S. A. BARKER, (commenced 24.2.1951).

\*† G. H. COOPER, (commenced 1.5.1951).

J. WILSON, Disinfectors; and 4 rat catchers.

### HEALTH VISITORS.

MISS C. M. LORD, *Superintendent*, ‡||§.

MRS. M. SHANNAN, ‡||, (retired 31.8.1951).

MISS E. M. TIPPLER, ‡||§.

MISS H. BRAGG, ‡||§.

MISS M. J. MUMBY, ‡||§.

MISS E. M. HENLY, ‡||§.

MISS M. C. BUGG, ‡||§.

MRS. I. HALDANE, ‡||§.

MRS. M. B. WHEATLEY, ‡||§.

MISS J. D. M. VARRIE, ‡||§.

MISS J. STEEL, ‡||§.

MISS B. M. WATSON, ||§, (commenced 16.4.1951).

MISS D. ATKIN, ‡||§ Tuberculosis health visitor.

MRS. R. DONSON, || (part-time).

MISS E. M. POTTER, ‡||§ V.D. health visitor. (left 9.2.1951.)

### CLERICAL.

T. E. DAVIDSON, Chief Clerk.

W. R. GALE.

D. AMERY.

MISS J. MALLINSON.

MISS E. JONES.

MISS D. H. MOLTON.

MISS I. HOLDEN.

S. NASH, (*Sanitary Sub-Department*).

T. H. R. JOHNSON, (*Sanitary Sub-Department*).

MISS J. WESTLAND, (*Sanitary Sub-Department*).

MRS. J. A. POTTER, (*Maternity and Child Welfare Sub-Department*).

MRS. E. DUMELOW, (*Maternity and Child Welfare Sub-Department*).

MRS. M. CLEVELAND, (*Maternity and Child Welfare Sub-Department*).

MRS. C. F. CHIDWICK, (*Maternity and Child Welfare Sub-Department*).

MISS B. THOMPSON (*Maternity and Child Welfare Sub-Department*; resigned 30.11.1951).

MISS A. M. TRUMBLE, (*Maternity and Child Welfare Sub-Department*; commenced 22.11.1951).

## BOROUGH AMBULANCE SERVICE.

E. BROWN, Ambulance Officer; with one foreman, one motor fitter, one telephonist and 23 driver attendants.

## MENTAL HEALTH.

MISS E. M. WOULD, *Petition Officer and Mental Visitor.*

MISS E. L. ARKINSTALL, *Mental Welfare Worker.*

MISS I. B. E. FRANCIS, " " " (left 24.2.1951).

MISS R. M. MORRISON, " " " (commenced 15.3.1951).

L. C. RACKHAM, *Authorised Officer.*

G. W. A. MACKENZIE, *Authorised Officer.*

**MISS C. M. GEMMELL,** *Supervisor, Occupation Centre.—1.10.1951).*

MRS. C. M. SHARPLES, *Assistant Supervisor, Occupation Centre.* (commenced 17.4.1951).

MRS. K. A. WILLERTON, *Assistant Supervisor, Occupation Centre.*

MRS. A. Y. WESTWOOD, *Assistant, Occupation Centre.* (left 31.3.1951).

MISS M. BARKER, *Assistant, Occupation Centre.*

MRS. P. COOK, *Assistant, Occupation Centre.* (Commenced 19.9.1951).

MISS M. MOORE, *Clerk.* (left 18.3.1951).

MRS. M. B. TOYNE, *Clerk.* (commenced 8.5.1951).

MISS L. I. JACKSON, *Clerk.*

## DOMICILIARY MIDWIVES.

MISS R. F. A. MILLINGTON, ‡||, *Superintendent.*

MISS D. DAVY, ‡||. (retired 31.7.1951).

MISS D. G. INKPEN, ‡||.

MRS. A. THACKRR, ‡||. (retired 31.3.1951).

MISS C. TIERNEY, ‡||.

MISS R. SMITH, ‡||.

MISS E. BAXTER, ‡||.

MISS G. A. BAXTER, ‡||.

MISS F. E. JOHNSON, ‡||.

MRS. K. M. BIRKETT, ‡||.

MISS D. M. DAWSON, ‡||.

MRS. C. WESTACOTT, ‡||.

MRS. M. QUINN, ‡|| (commenced 7.2.1951).

## HOME NURSES.

MISS A. H. FELTON, ‡||, *Superintendent.*

MISS J. BELL, ‡||, *Deputy Superintendent.*

MRS. F. B. STEELE, ‡||.

MISS K. M. HAIGH, ‡||.

MISS K. L. SPENCER, ‡||.

MR. V. TOWRISS, ||.

MISS S. LEEDHAM, ||. (commenced 8.1.1951).

MR. J. W. WEST, || (commenced 1.10 1951).

MRS. E. BEASLEY, || part-time.

MRS. B. BILLINGHAM, ||

MRS. A. LAWE, ‡||

MISS L. WILKINSON, "

MRS. M. C. MACALLAN, "

## DOMESTIC HELP SUPRVISOR:—MISS L. BLACKBURN.

## ALMONERS.

MISS A. GREENSTOCK.

MISS D. M. WATTAM, (resigned 28.2.1951).

---

\* Holds Inspectors Certificate of Royal Sanitary Institute.

† Holds Certificate for Inspecting Meat and Other Foods.

‡ State Certified Midwife.

|| State Registered Nurse.

§ Holds Health Visitors' certificate.

*To the Mayor, Aldermen and Councillors of the County Borough of Grimsby.*

I have pleasure in submitting my annual report on the health services of the borough for the year 1951, prepared according to Ministry of Health Circular 42/51 dated 10th December, 1951.

The birth rate in Grimsby at 18.7 again remains above the rate for England and Wales: likewise the death rate at 12.6 shows a parallel favourable comparison in that whilst it is on a level with the average for England and Wales it is below the average of the 126 county boroughs and great towns. Once again, for the second consecutive year, there were no maternal deaths. The infant mortality rate on the other hand rose somewhat due to a combination of causes which were not easily preventible.

With regard to infectious diseases there were fewer cases of chicken pox and measles but there was an increase in the number of notifications of whooping cough. No deaths occurred in connection with any of these diseases, but one toxic case of scarlet fever and one case of diphtheria died in hospital. The latter occurred on Christmas day in a boy aged 13; and like all the other members of the family, seven of whom contracted the disease at the same time, he had not been immunised. This provides a most striking illustration of the efficacy of immunisation, as well as of the ceaseless vigilance and propaganda necessary in connection with Section 26 of the National Health Service Act, 1946. Only one case of poliomyelitis was notified during the year. There was a sharp rise in the number of cases of tuberculosis notified and the death rate too rose from 0.33 to 0.59.

Several years of experience in administration of the National Health Service Act of 1946 have shown the necessity for more complete integration between the services under Part II, Part III and Part IV, and the National Health Services Council has in their recent report specially drawn the attention of the Minister to this. Fortunately in this particular borough, by local cross appointments, this separation is less marked. Alderman Harris is Vice Chairman of the Grimsby Hospital Management Committee, and the local health authority are endeavouring to have the Chairman of the Health Committee appointed as a member of that Committee. The Hospitals Management Committees who manage the mental hospitals and the mental deficient colonies in Lincolnshire, each have two representatives of the local health authority among their members.

In the Executive Council, apart from the seven members nominated by the local health authority, the Vice Chairman of the Health Committee was nominated as a representative of the pharmacists while yet another member sits as an ophthalmic optician. Arrangements have been agreed that all publicity to the public in respect of the hospital services, the work of the Executive Council, and that of the local health authority shall be carried out by the health department.

The almoners have access to the hospitals and there are adequate arrangements for passing on the care of cases being discharged from hospitals to district nurses and domiciliary midwives. The mental health workers do a great deal of work providing social case histories for the consultant

psychiatric staff. A Part II midwifery training school functions satisfactorily by co-operation between the Hospital Management Committee and the local health authority.

Finally, your medical officer of health is able to watch the interests of the community as a whole by reason of his various appointments. He has been a member of the Grimsby Hospitals Management Committee since its inception, being nominated not by the local health authority but by the Local Executive Council; and he is also a co-opted member of the radiotherapy sub-committee of the Scunthorpe Hospital Management Committee. He serves on the local Executive Council as one of the nominees of the local health authority and also serves as a member of the ophthalmic sub-committee of that body. He is one of the two representatives of the public health medical officers on the Local Medical Committee, and is a member of the Staff Medical Committee, which includes all consultants practising in the area. Together with the sixteen other medical officers of health of county councils and county boroughs in the territory of the Sheffield Regional Hospital Board he belongs to the advisory committee which meets the medical officers of the Board and of the Ministry of Health.

The sanitary inspectors' section has been as busy as ever engaged as it is on the multifarious and ever increasing duties connected with the prevention of disease in all its aspects; the fight for improved national health is to a large extent a story of steady sanitary and housing progress. There is a clear tendency to take the sanitary services for granted, and few people can appreciate the constant efforts called for in this most important and exacting work. So much emphasis has been laid on the cure and care of the sick by the National Health Service that there is a tendency to forget that the M.O.H. is primarily concerned with the prevention of illness, and that without the valuable co-operation of the chief sanitary inspector and his staff the fundamental duties of the M.O.H. could not possibly be carried out.

The stringency of the national finances has made expansion of the health service, as of other services, a very difficult matter indeed, but I must record my thanks to the Chairman and members of the Health Committee for the support they have given me and for the interest they have taken in the many problems that have arisen in the course of the year.

JAMES A. KERR,

*Medical Officer of Health.*

HEALTH DEPARTMENT,

1, Bargate, Grimsby.

October, 1952.



## I.—STATISTICS AND SOCIAL CONDITIONS.

## GENERAL STATISTICS.

Area (in acres)—excluding foreshore .....	5,468
Registrar-General's estimate of population, mid-1951 .....	93,250
Number of inhabited houses (end of 1951) according to Rate Books .....	26,144
Rateable value .....	£561,932
Sum represented by a penny rate .....	£2,245

## EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

Live births:—	Males	Females	Total			
Legitimate ..	829	803	1632			
Illegitimate	63	56	119			
	<u>892</u>	<u>859</u>	<u>1751</u>			
				Birth Rate ..		18.7

Adjusted birth rate (Area comparability factor 1.03) ..... 19.2

Still births:—

Legitimate ..	19	20	39			
Illegitimate	1	1	2			
	<u>20</u>	<u>21</u>	<u>41</u>			
				Rate .. ..		0.43*

Deaths .. .. 577 550 1127 Death Rate .. 12.0

Adjusted death rate (Area comparability factor 1.05) ..... 12.6

Number of women dying in, or in consequence of childbirth:—

				Deaths	Rate per 1,000 total (live and still) births.
From sepsis ..	..	..	..	Nil	—
From other causes	..	..	..	Nil	—
				<u>Nil</u>	<u>—</u>

Death rate of infants under one year of age per 1,000 live births:—

Legitimate 34.9; Illegitimate 25.1; Total 34.2

						Number	Rate
Deaths from measles ..	..	..	..	..	..	Nil	—
„ whooping cough ..	..	..	..	..	..	Nil	—
„ diarrhoea (under two years of age) ..	..	..	..	..	..	5	†
„ respiratory tuberculosis ..	..	..	..	..	..	48	0.51
„ other tuberculous diseases ..	..	..	..	..	..	7	0.07
Total tuberculosis deaths ..	..	..	..	..	..	55	0.58
Deaths from cancer ..	..	..	..	..	..	165	1.76
Deaths from influenza ..	..	..	..	..	..	20	0.21

\* 22.8 per 1,000 total (live and still) births.

† 2.8 per 1,000 live births.

**Population.**—The Fifteenth Census of the population of England and Wales was taken on the 8th April, 1951. The previous census was taken in April, 1931. There was thus, for the first time since the series began in 1801, an interval of twenty years instead of the customary ten.

In the preliminary report of the Registrar General the population of the County Borough of Grimsby on 8th April, 1951, is stated to have been 94,527 persons, 46,218 being males and 48,309 females. This total exceeds the number returned at the previous enumeration by 2,069. The area of the borough in statute acres (land and inland water) is 5,468.

Since the above information was published the Registrar General's estimates that the home population at mid-1951 is 93,250 and it is on this figure that the vital statistics contained herein are based. This is a decrease of over twelve hundred persons on the census figure, but the statistics are not greatly modified in consequence. The variation is probably accounted for by the balance of the difference between the outgoing and incoming of people in the ordinary migratory movements of individuals due to changes in occupation, the intake of young men for National Service and similar causes.

**Births.**—There were 1,751 live births (892 males and 859 females), giving a birth rate of 18.7 per thousand of the estimated home population, compared with 15.5 for England and Wales and 17.3 for the 126 county boroughs and great towns, including London. Table 2 at the end of this report gives the rates over a period of years compared with those for England and Wales.

One hundred and nineteen (6.7 per cent). of the births were illegitimate. The illegitimacy rate was 67.9 per thousand live births; for England and Wales it was 47.

The adjusted birth rate for Grimsby County Borough (calculated by multiplying the crude rate by the Registrar General's area comparability factor of 1.03) was 19.2.

**Still Births.**—Forty-one still births were registered, giving a rate of 0.43 per thousand of the population, compared with 0.36 for England and Wales. The rate expressed per thousand total (live and still) births was 22.8, while for England and Wales it was 22.9.

**Deaths.**—There were 1,127 deaths (577 males and 550 females), equal to a death rate of 12.0, compared with 12.5 for England and Wales and 13.4 for the great towns. Table 3 gives the local and national rates over a period of years.

The adjusted death rate for Grimsby (calculated by multiplying the crude death rate by the Registrar Generals' area comparability factor of 1.05) was 12.6.

Six hundred and seven persons, comprising residents and non-residents died in institutions in the borough, equivalent to 47.5 per cent of the total deaths registered.

During the year 637 persons died at seventy years of age and upwards, the numbers at age periods being:—

	MALES	FEMALES	TOTAL
Between 70 and under 75 years	117	64	181
„ 75 and under 80 years	84	96	180
„ 80 and under 85 years	63	106	169
„ 85 and under 90 years	23	55	78

also 9 males and 20 females aged 90 and over. This is equal to 50 per cent. of the total deaths registered.

Coroners inquests or inquiries to the number of 197 were held, and the findings were:—accident or misadventure 68; natural causes 115; suicide 12 and open verdict 2.

Table 5 at the end of this report, giving the causes of death in age periods, was prepared in the Health Department from information supplied weekly by the local registrar. The classification agrees closely with the figures received from the Registrar General on 26th May, 1952.

**Infant Mortality.**—There were 60 deaths of infants under one year of age, giving an infant mortality rate of 34.2 per thousand live births, compared with 29.6 for England and Wales. For further information on infant mortality see page 26.

**State of Employment.**—The Manager of the Employment Exchange has kindly furnished particulars regarding the number of registered unemployed persons in the Grimsby Exchange area which covers Grimsby, Cleethorpes and the outlying districts within a radius of 12 miles, including Immingham. Separate figures are not available.

Total live register in January, 1951:—18 and over. Under 18. Total.

Males ..	1,241	114	1,355
Females ..	348	97	445
	<hr/> 1,589	<hr/> 211	<hr/> 1,800

Total live register in July, 1951:—

Males ..	430	8	438
Females ..	129	11	140
	<hr/> 559	<hr/> 19	<hr/> 578

Total live register in December, 1951:—

Males ..	741	40	781
Females ..	386	126	512
	<hr/> 1,127	<hr/> 166	<hr/> 1,293

These figures include temporarily stopped claimants.

The number of persons placed in employment beyond daily travelling distance was 241 (males 208 and females 33).

**Rainfall.**—The total rainfall during the year amounted to 26.07 inches (26.03 in 1950), and the heaviest fall was 1.82 inches which occurred between noon on 6th August and noon on 7th August, 1951.



## II.—PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

The incidence of notifiable diseases (other than tuberculosis) was as shewn below.

Diseases.	Total Cases notified.	Cases admitted to Hospital.	Total Deaths.
Scarlet fever .. ..	65	20	1
Diphtheria .. ..	10	10	1
Acute pneumonia .. ..	29	3	53
Meningococcal infection ..	2	2	—
Acute poliomyelitis .. ..	1	1	—
Ophthalmia neonatorum ..	14	—	—
Puerperal pyrexia .. ..	28	19	—
Enteric fever .. ..	1	1	—
Erysipelas .. ..	5	1	—
Chicken pox .. ..	926	8	—
Measles .. ..	1,332	10	—
Whooping Cough .. ..	602	9	—
Acute rheumatism .. ..	9	6	—
Food poisoning .. ..	11	—	—
Dysentery .. ..	3	1	—

No notifications were received of other notifiable diseases not specified in the table above (e.g., small-pox).

Table 4 on page 98 gives an analysis of the total notified cases under various age groups and in Wards.

Table 7 on page 101 gives a comparison of the death rates and case rates of certain infectious diseases.

**Measles.**—The total number of notifications of measles was 1,332 (697 males and 635 females), the heaviest incidence occurring in the first quarter of the year. Ten cases were admitted to hospital for treatment. Very few cases had chest complications. The attack rate for Grimsby was 14.28, while for England and Wales it was 14.07. There were no deaths.

**Whooping Cough.**—602 notifications of whooping cough (287 males and 315 females) were received. The attack rate was 6.45; for England and Wales it was 3.87. Nine cases were treated in hospital. There were no deaths, and few chest complications.

**Scarlet fever.**—65 notifications of scarlet fever (31 males and 34 females) were received. The local attack rate was 0.69 per thousand, while that for England and Wales was 1.11. Twenty cases were removed to hospital for treatment. One toxic case died.

The following table shows the comparative prevalence of scarlet fever over a period of ten years:—

INCIDENCE OF SCARLET FEVER IN VARIOUS YEARS.

1 Year	2 Estimated Population	3 Total No. of Cases Notified	4 Attack Rate per 1,000 Population	5 No. of Deaths Regd.	6 Mortality per 100 Cases Notified	7 Mortality per 1,000 Population	8 No. of Cases treated in Hospital	9 Percentage removed to Hospital
1942	76,800	262	3.41	—	—	—	177	67.5
1943	76,460	206	2.69	1	0.48	0.01	144	69.9
1944	76,150	153	2.00	1	0.65	0.01	121	79.0
1945	78,030	76	0.97	—	—	—	50	65.7
1946	86,340	55	0.63	—	—	—	41	74.5
1947	89,190	119	1.33	—	—	—	80	67.2
1948	91,060	263	2.88	1	0.38	0.01	96	36.5
1949	91,250	213	2.33	1	0.46	0.01	77	36.1
1950	93,240	126	1.35	—	—	—	38	30.1
1951	93,250	65	1.69	1	1.53	0.01	20	30.7

**Diphtheria.**—Ten cases (3 males and 7 females) were notified, and all were removed to hospital for treatment. Eight of the cases occurred towards the end of the year and concerned one family, mother and seven children, the ages of the latter ranging from 2 to 16 years. The disease was of the *gravis* type and proved fatal in the case of a boy aged 13 who died on Christmas Day. The members of this family had not been immunised.

The attack rate for Grimsby was 0.10 per thousand, while for England and Wales it was the remarkably low one of 0.02.

The table appended shows the prevalence of Diphtheria over a period of ten years:—

INCIDENCE OF DIPHTHERIA IN VARIOUS YEARS.

1 Year	2 Estimated Population	3 Total No. of Cases Notified	4 Attack Rate per 1,000 Population	5 No. of Deaths Regd.	6 Mortality per 100 Cases Notified	7 Mortality per 1,000 Population	8 No. of Cases treated in Hospital	9 Percentage removed to Hospital
1942	76,800	123	1.60	1	0.81	0.01	123	100.0
1943	76,460	167	2.18	10	5.98	0.13	160	95.8
1944	76,150	150	1.96	2	1.33	0.02	150	100.0
1945	78,030	53	0.67	1	1.88	0.01	52	98.1
1946	86,340	31	0.35	1	3.22	0.01	31	100.0
1947	89,190	21	0.23	1	4.75	0.01	21	100.0
1948	91,060	23	0.25	1	4.34	0.01	23	100.0
1949	91,250	8	0.08	1	12.50	0.01	7	87.5
1950	93,240	0	—	—	—	—	—	—
1951	93,250	10	0.10	1	10.00	0.01	10	100.0

**Pneumonia.**—Twenty-nine notifications were received—20 of primary pneumonia and nine of influenzal pneumonia. The attack rate was 0.31, compared with 0.99 for England and Wales. Three cases were treated in hospital. 53 deaths were ascribed to all forms of pneumonia, giving a local death rate from this cause of 0.56 (England and Wales 0.61).

**Meningococcal Infection.**—Two notifications were received relating to a female infant and a girl of 4 years, and both were admitted to hospital for treatment. The local attack rate was 0.02, and for England and Wales it was 0.03.

**Ophthalmia Neonatorum.**—14 cases of this disease were reported. The services of a nurse are offered by the local authority in all cases nursed at home.

**Puerperal Pyrexia.**—28 notifications of puerperal pyrexia were received. The attack rate per thousand total births was 15.6, compared with 10.6 for England and Wales. When a case is nursed at home the services of a district nurse are offered by the local authority, but 19 of the cases notified were removed to hospital for treatment.

**Typhoid fever.**—One case of this disease was notified. The patient, a girl of 12 years, was removed to hospital for treatment. Enquiries revealed that an old lady residing in the same house as the patient was a "carrier". She was aged 81 and had her primary attack in 1904. Although there was no internal water supply in the house this aged carrier gave rise to no further cases.

**Erysipelas.**—Five cases of erysipelas were notified—3 males and 2 females. One case was treated in hospital. The local attack rate was 0.05 (England and Wales 0.14).

**Chicken Pox.**—This disease was again prevalent, there being 926 notifications compared with 1,068 in 1950. Eight cases were removed to hospital for treatment.

**Dysentery.**—Three notifications were received, all of which were confirmed and none of which had any apparent relationship to any other case.

**Acute Poliomyelitis, including Polioencephalitis.**—One case of acute poliomyelitis (paralytic) was notified, a girl aged 3½ years. She was admitted to the infectious diseases hospital, and subsequently to the Scartho Annexe rehabilitation department. The local attack rate was 0.01; for England and Wales it was 0.03 (paralytic) and 0.02 (non-paralytic).

**Influenza.**—This is not a notifiable disease unless complicated by pneumonia. 20 deaths were attributed to influenza, giving a death rate of 0.21 compared with 0.38 for England and Wales.

**Food Poisoning.**—Eleven notifications were received. The local attack rate was 0.11, and the corresponding rate for England and Wales was 0.13.

**Acute Rheumatism.**—The Acute Rheumatism Regulations of 1950 require the notification of cases of rheumatism under 16 years of age occurring in specified parts of England.

Nine notifications were received relating to 4 boys and 5 girls in Grimsby. Each case is finally reported on by the consultant physician for assessment and placing in the appropriate category under a scheme devised by the Royal College of Physicians. One girl was thus proved to be non-rheumatic. See Table 8 at the end of this report.

**Small Pox.**—There were no cases of small pox or suspected small pox in Grimsby during 1951.

**Leprosy.**—This disease was made compulsorily notifiable on 22nd June, 1951. No case has been reported in this borough.

**Cancer.**—The number of deaths in Grimsby due to cancer was 165, giving a local death rate from this cause of 1.76 compared with 1.96 for England and Wales. The rates for the previous year were 1.69 and 1.88 respectively. Every endeavour has been made to assist the Radio-therapy Centre at Scunthorpe in the follow-up of their cases, and copies of the particulars of all deaths from cancer in the borough are forwarded to the medical officer in charge.

**Venereal Diseases.**—The special out patient clinic for venereal diseases held at 38 Queen Street, Grimsby, is under the administrative control of the Grimsby Hospitals Management Committee. The times at which sessions are held with the venereologist in attendance are:—

Males:—Mondays, 10 a.m. and 4.30 p.m.; Wednesdays 2 p.m.

Females:—Mondays, 2 p.m.; Thursdays, 10 a.m. and 4.30 p.m.

The centre is open for intermediate attendance from Monday to Friday between 10 a.m. and 12 noon, and 2 and 7 p.m., also on Saturday between 10 a.m. and 12.30 p.m.

During the year 234 Grimsby residents attended this clinic for the first time, the classification of these new cases being:—

<i>Condition</i>	<i>Males</i>	<i>Females</i>	<i>Total</i>
Syphilis .. ..	21	15	36
Gonorrhea .. ..	16	8	24
Other than venereal	132	42	174
	169	65	234

The attendances made by borough patients were 3,956 (males 2,326 and females 1,630).

Information about the location and times of sessions of the clinic are circulated to shipping by the port health inspectors.



### III.—TUBERCULOSIS.

**Notifications.**—During the year 149 persons were notified as suffering from tuberculosis as compared with the very low figure of 98 during the previous year. Of these 149 notifications, 126 were pulmonary and 23 non-pulmonary. In addition, 28 cases already notified in other areas came into the borough (24 pulmonary and 4 non-pulmonary). The age groups and ward distribution are shown in Tables 9 and 10 in the Appendix.

**Deaths.**—(Table 9). The number of deaths and the death rates from tuberculosis per thousand of the population in 1951 were as follows :—

	<i>No. of deaths.</i>	<i>Death rate.</i>
Respiratory tuberculosis .. .. .	48	0.51
Other forms .. .. .	7	0.08
	<hr/>	<hr/>
Totals .. .. .	55	0.59
	<hr/>	<hr/>

The number of deaths in 1950 was 31.

The death rate for all forms of tuberculosis for England and Wales was 0.31 (respiratory 0.27; other forms 0.04).

Table 11 in the Appendix shows the number of primary notifications received per thousand of the population, and the ratio of non-notified deaths in each year of the decennium.

Included in the deaths were 9 cases that had not been previously notified as suffering from tuberculosis, and the proportion of non-notified deaths is therefore 16.3 per cent.

The rise in notifications and the increase in the number of deaths as compared with the previous year is somewhat disappointing, but must be regarded as a more accurate picture than the figures for 1950. Apparently, the increase in thoracic surgery and in streptomycin administration gave a false picture in 1950 as some cases who would have normally died in that year were prolonged by anti-biotic therapy until the following year.

**Revision of Register.**—Under the Public Health (Tuberculosis) Regulations, 1930, the names of 143 notified persons were removed from the register in 1951, these consisting of:—

Diagnosis not established .. .. .	7
Recovered .. .. .	58
Died .. .. .	55
Not desiring public medical treatment .. .. .	6
Left district .. .. .	16
Not found after adequate search .. .. .	1

On 31st December, 1951, there were 756 names on the register of the Medical Officer of Health, 637 relating to pulmonary and 119 to non-pulmonary patients,

CHEST CLINIC.—The following table (by courtesy of Dr. J. Glen, consultant chest physician) is a general analysis of the work carried out in regard to Grimsby patients at the Chest Clinic during 1951:—

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL				GRAND TOTAL
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
A.—NEW CASES examined during the year (exclud- ing contacts):													
(a) Definitely tuberculous	47	35	11	12	5	5	4	4	52	40	15	16	123
(b) Diagnosis not com- pleted ..	—	—	—	—	—	—	—	—	19	9	10	4	42
(c) Non-tuber- culous ..	—	—	—	—	—	—	—	—	629	1646	191	191	2,657
B.—CONTACTS ex- amined dur- ing the year :													
(a) Definitely tuberculous	2	4	4	7	—	—	3	—	2	4	7	7	20
(b) Diagnosis not com- pleted ..	—	—	—	—	—	—	—	—	—	1	7	6	14
(c) Non-tuber- culous ..	—	—	—	—	—	—	—	—	136	238	207	193	774
C.—CASES written off the Clinic Register as :													
(a) Recovered	9	23	6	1	2	7	5	2	11	30	11	3	55
(b) Non-tuber- culous ..	—	—	—	—	—	—	—	—	778	1902	408	395	3,483

DIAGNOSIS.	PULMONARY.				NON-PULMONARY.				TOTAL.				GRAND TOTAL
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
D.—NUMBER OF CASES on Clinic Register on December 31st, 1951 :—													
(a) Definitely tuberculous	278	246	65	57	28	27	24	25	306	273	89	82	750
(b) Diagnosis not com- pleted ..	—	—	—	—	—	—	—	—	24	21	18	12	75

1. No. of cases on Clinic Register on 1st January, 1951	781
2. No. of cases transferred from other areas and cases returned after discharge under Head 3 in previous years	31
3. No. of cases transferred to other areas, cases not desiring further assistance under the scheme, together with cases "lost sight of" .. .. .	30
4. No. of cases written off during the year as dead (all causes) .. .. .	49
5. Total number of attendances at the Clinic, including contacts .. .. .	10,991
6. No. of consultations with medical practitioners (otherwise) .. .. .	6,269
7. No. of attendances for artificial sunlight treatment ..	916
8. No. of artificial pneumothorax refills carried out ..	1,669
9. No. of visits paid to the homes of patients by the Tuberculosis Health Visitors .. .. .	1,656

#### X-Ray Department.

	Males.	Females.	Children.	Total.
No. of X-ray films taken	1,076	1,056	79	2,211
No. of X-ray screening examinations carried out	1,609	2,967	1,517	6,093



During the year 117 persons with non-tuberculous conditions attended the Chest Clinic for special investigation, viz :—

	Adult males	Adult females	Children
Cancer .. .. .	6	4	—
Bronchiectasis .. .. .	13	8	7
Asthma .. .. .	4	2	2
Atypical pneumonia .. .. .	4	2	—
Unresolved pneumonia .. .. .	16	6	1
Lung abscess .. .. .	—	1	—
Non-tuberculous effusions .. .. .	2	—	—
Cardiac conditions .. .. .	9	8	—
Spontaneous pneumothorax .. .. .	5	—	—
Foreign bodies .. .. .	—	—	—
Empyema .. .. .	3	—	—
Simple tumours of lung .. .. .	—	—	—
Cystic disease .. .. .	—	3	—
Other conditions .. .. .	5	6	—
<b>TOTALS ..</b>	<b>67</b>	<b>40</b>	<b>10</b>

Source of other special examinations referred to the Chest Clinic during 1951:—

**Grimsby Corporation :—**

	Adult males	Adult females	Male children	Female children	Total
Auxiliary Helpers .. .. .	—	1	—	—	1
Almoner .. .. .	—	1	—	—	1
Children's Homes Staff .. .. .	5	21	—	—	26
District Nurses .. .. .	1	11	—	—	12
Education Department .. .. .	1	2	—	—	3
Fire Brigade .. .. .	1	—	—	—	1
Health Visitors .. .. .	—	11	—	—	11
Police Department .. .. .	3	2	—	—	5
Remand Home's Staff .. .. .	2	4	—	—	6
School Nurses .. .. .	—	4	—	—	4
Maternity and Child Welfare, including Ante-Natal cases referred by General Practitioners .. .. .	—	952	—	—	952
<b>Army Medical Board .. .. .</b>	<b>28</b>	<b>2</b>	<b>—</b>	<b>—</b>	<b>30</b>
<b>Migrant Examinations:—</b>					
Australia .. .. .	30	24	—	1	55
Canada .. .. .	14	12	6	2	34
South Africa .. .. .	3	2	1	1	7
Southern Rhodesia .. .. .	3	2	2	—	7
West Africa .. .. .	—	1	—	—	1
U.S.A. .. .. .	5	9	—	—	14
	<b>96</b>	<b>1061</b>	<b>9</b>	<b>4</b>	<b>1170</b>

**B. C. G. Vaccination.**—In November, 1949, approval was given to a scheme of B. C. G. vaccination by the Ministry of Health and the chest physician of the area, Dr. J. Glen, was nominated as the local authority's agent in this work. At his discretion tuberculous children who are contacts of cases and at risk in their own homes were dealt with. From the period 1st October, 1949 to the 31st December, 1951 seventy-four cases were vaccinated through the authority's approved scheme. The appropriate Mantoux re-check was carried out at the end of eight weeks. This figure does not include any nursing staff attached to the local hospitals.

It has not always been possible to segregate children but as far as possible attempts have been made to carry this out, and there have been no unusual occurrences. It is anticipated that this work will be considerably expanded in 1952.

**Tuberculosis Regulations, 1925.**—No action was taken during 1951 relating to persons suffering from pulmonary tuberculosis employed in the milk trade.

**Public Health Act, 1936.**—No action was taken under Section 172 of this Act relating to the compulsory removal to hospital of persons suffering from tuberculosis.

#### IV.—NATIONAL HEALTH SERVICE ACT, 1946.

##### CARE OF MOTHERS AND YOUNG CHILDREN (Section 22)

**Notification of births.**—1,639 live births and 40 still births were notified during 1951, as compared with 1,709 and 54 in 1950, but allowing for inward and outward transfers the actual births registered were 1,751 live and 41 still, a total of 1,792 as compared with 1,702 live and 51 still in 1951.

**Prematurity.**—50 infants were reported to have been born prematurely, either at home or in private nursing homes, and in addition 94 were born in maternity hospitals. Of the 50, 46 were born at home and four in private nursing homes. Nine of those born at home were transferred to hospital, and of the remaining 37 nursed entirely at home, 34 survived at one month. Of those born in private nursing homes, three survived at 1 month.

There has been a marked increase in the number of premature births—144 in 1951 as compared with 117 in 1950, but only 50 occurred at home in 1951 as compared with 55 in 1950.

Of the 94 born in hospitals, and including the nine transferred from the district to premature baby units in hospital, 26 died within the first 28 days.

It is obvious that the worst cases of prematurity will either occur in, or be transferred to hospital, so it is not remarkable that 25% of hospital cases do not survive the first 28 days, whereas at home only 10% die within the same period. Despite the skilled nursing available in these units, I still feel that the special mothering given to the premature baby at home (providing the mother can be supplied with the necessary equipment and has sufficient mental ability to use the latter) gives the baby a better chance of survival. Much credit is due to the midwives and health visitors, who concentrate on the care and after-care of the premature infant.

An attempt was made to obtain detailed information regarding the weight of the foetus in cases of still birth and abortion without any success as far as abortions were concerned. It would seem that in the vast majority of cases of abortion, the products of conception are destroyed before either general practitioner or nurse is called in. The only cases in which accurate records are obtained are those which occur in hospital.

**Still-births.**—There were 41 still-births during 1951 as compared with 54 in 1950, and the usual routine enquiries were made into the cause. As a result it was found that 44% of the total cases were associated with prematurity which was due to hydramnios, toxæmia of pregnancy, ante-partum hæmorrhage, Rhesus negative and congenital defects. Of the 18 confinements which occurred prematurely and led to still-birth, death of the infant had taken place well before delivery in ten cases. It is just possible that three of these 18 still-births might have been prevented had better facilities been available at birth; delay in sending for and obtaining a midwife led to these babies being born before the arrival of a midwife and/or doctor.

Nineteen still-births were full term babies and in only six cases had the infant died some time before the on-set of labour.

The causes of still-births in this group were:—

Malpresentation	..	..	..	..	..	..	5
Malformation	..	..	..	..	..	..	3
Rhesus negative	..	..	..	..	..	..	1
Anoxæmia due to strangulation by cord	..	..	..	..	..	..	2
Prolonged labour	..	..	..	..	..	..	2
Ante-partum hæmorrhage	..	..	..	..	..	..	1
Toxæmia of pregnancy & A.P.H.	..	..	..	..	..	..	1
Shock	..	..	..	..	..	..	1

In two cases there was no known cause, four cases were due to prematurity, three of the infants having died some time before the on-set of labour.

There is without doubt no reason for one feeling satisfied that these deaths were unavoidable. There is here a total of 41 babies lost, and some of these babies might have been saved had better use been made of facilities available, more intensive ante-natal care been given, and a fuller use made of hospital beds.

With the increasing disproportion between the young and the aged, it is essential that this wastage of infant life be remedied. Here is a

problem to be tackled by all members of the medical and nursing profession. Only by the greatest co-operation of members of both professions—both Regional Hospital Board and Local Health Authority—can anything be achieved.

**Infant Welfare Centres.**—The usual sessions were held at the various clinics, three weekly at Hope Street, two at Watkin Street, two at Nunsthorpe and one at Old Clee. This does not include toddlers' clinics which are held weekly at Hope Street, Watkin Street and Nunsthorpe.

The slight falling away in attendances noticeable in 1950 has continued. The total attendances in 1951 of children under one year being 16,535 as compared with 16,961 children under one year in 1950; children over one year 2,804 in 1951 as compared with 3,208 in 1950.

Despite this drop in attendances, the educational value of the work done at clinics is, I think, more marked. Many of the mothers very definitely attend now primarily for the purpose of learning infant care and arrive complete with note book, in which are entered the various problems on which they desire enlightenment.

As in former years, great difficulty has been experienced in maintaining breast feeding and there has continued the practice of weaning within 24 hours of mother and baby being discharged from maternity hospitals. The sudden change from hospital where baby is very little in the care of the mother, and certainly not at all at night, to complete responsibility, seems to be more than the average newly confined mother can take. A crying baby—a restless night—too often lead to immediate weaning, and in many cases to acute mastitis.

The best results are obtained where there has been attendance at an ante-natal clinic and the mothercraft classes run in conjunction with them. There the attitude adopted is that of course the mother will breast feed and the advice and teaching given seems to have a beneficial effect on lactation, as well as on the mother's attitude to it.

**Mothercraft.**—During the year the health visitors at the various clinics continued to hold mothercraft classes, especially concentrating on the ante-natal clinics, when both general practitioners' and midwives' cases attend. The approach to motherhood with use of the birth atlas to explain what is happening during the ante-natal period has been found to be particularly interesting to the expectant mother, and the teaching of exercises in relaxation has been well received. Full use has been made of a health visitor who has had special training in obstetric physiotherapy. It is regretted that more use is not made of the services available, but it is encouraging to note that there is an increase in the number of women attending these classes.

**Distribution of Milk.**—Distribution of dried milk at a cost approved by the Ministry of Health, or at a reduced rate in necessitous cases has continued as usual, but reduced rates are very seldom required. The



majority of mothers take advantage of the government milk scheme and the work of distribution of dried milk and vitamin preparations is undertaken by Ministry of Food clerks, both at infant welfare centres and at the local food office. It is difficult to ascertain the exact take up of vitamin preparations here as the government return includes Grimsby in Grimsby rural district, but one still finds mothers attending clinics for the first time who are not using vitamin preparations, and occasionally one is told they did not know anything about them.

In a great many ante-natal cases booking midwives late, no attempt has been made to obtain any priority food, whether out of ignorance or lethargy it is difficult to say. There is still prevalent the idea that National dried milk cannot be so good as a proprietary dried milk owing to the difference in price.

**Toddlers' clinics.**—Three sessions were held weekly as in former years and proved inadequate to the demand. Lack of staff and available sessions will keep the number of sessions limited.

The preventive work done at these clinics is of great value especially with regard to orthopædic and ear, nose and throat cases. In addition, these clinics are very useful for the supervision of children in behaviour problems. Full use is made of the auxiliary services provided by the Regional Hospital Board and Education Committee, and much valuable assistance obtained from them, especially with regard to backward children suffering from deafness and speech defects.

The usual defects found were postural and orthopædic defects, ear, nose and throat defects, squints and bronchitis. The incidence of knock knees and flat foot is as great as ever, but more attention is now being given by mothers to the care of children's feet, despite the very high cost of shoes.

It is pleasing to note that one seldom finds a case of pediculosis now amongst toddlers, even from the poorest homes. Routine advice is given to mothers of children about to enter school as to methods of keeping the children free from vermin.

**Test feeding clinic.**—296 test feeds were carried out at the various clinics. It is hoped that by 1952, health visitors will be able to supply scales to individual mothers for use in their own homes. This will ensure at least 24 hours test feeding being carried out and will give a much better result in the end. It will not, however, take the place of a good breast feeding centre where mothers and babies could be together under careful supervision until lactation was re-established.

The importance of breast feeding to both mother and baby is still not realised, in fact it would be more accurate to say that the general idea is that it is more of a nuisance and a tie to a mother than anything else.

Modern conditions and shortage of houses, sharing of houses, overcrowding and the demand for freedom to indulge in pleasure as before the birth of the baby, as well as the accelerated rate at which we live now-a-

days, all tend to diminish breast feeding. Some of the health visitors think there is a trend back to breast feeding, but the following figures do not seem to show this:—

During 1951, 1,547 babies were visited and the following statistics in feeding were obtained.

*At birth.*

90.3% were breast fed	9.18% bottle fed	0.4% breast and bottle fed.
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*At first visit (2 to 3 weeks old)*

70.1% were breast fed	23% bottle fed	6.8% breast and bottle fed.
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*At 3 months.*

30.75% were breast fed	66.9% bottle fed	2.3% breast and bottle fed.
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*At 6 months.*

25.4% were breast fed	73.9% bottle fed	0.7% breast and bottle fed.
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DURING 1938.

*At first visit.*

77.34% were breast fed	15.96% bottle fed	6.7% breast and bottle fed.
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*At 3 months.*

41.9% were breast fed	51.6% bottle fed	6.5% breast and bottle fed.
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*At 6 months.*

29.14% were breast fed	66.84% bottle fed	4.0% breast and bottle fed.
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From the above it will be seen that the incidence of breast feeding continues to fall, though it is believed that in certain districts there is some slight improvement.

**Ante-natal clinics.**—There were 474 new cases and 2,280 attendances as compared with 490 new cases and 2,614 attendances in 1950. As will be seen there is a slight drop in the number of new cases attending, but on the whole attendances have been fairly well maintained. It should be remembered that a great many of the new cases are referred by general practitioners for routine taking of blood for Rhesus, group, hæmoglobin and Wassermann etc., tests to be made, and these cases do not attend again except for mothercraft teaching. The bulk of the attendances are made by midwives' cases.

Roughly 78% of domiciliary cases attend the local health authority ante-natal clinics for supervision and blood tests. In time it is hoped that 100% will attend and will avail themselves of the educational services provided. There is no doubt that the majority of expectant mothers who have booked their own general practitioner for confinement attend ante-natal clinics at some time or other during their pregnancy.

**Post natal clinics.**—These two sessions held weekly and a combined ante-natal and post natal session have not been well attended, in spite of continued propaganda. 176 new cases made 215 attendances. The actual number of attendances increased, but there were 22 fewer new

cases than in 1950. In view of the fact that there were 699 domiciliary midwifery cases, and 506 of these were confined by midwives acting as such, the total of new attendances is very poor. It is just possible that the running of a post natal clinic at the same time as infant welfare clinics might enable one to enforce post natal examination on a great many more women. The young mother, who is already finding it not too easy to adjust her life so as to cover her usual household duties as well as look after a young baby often finds it difficult to turn out to a post natal clinic which is held in the morning. Moreover, if she had booked her own general practitioner for her confinement post natal examination would in many cases be carried out at her own home. The modern trend is to seek only those things which are readily available—whatever requires effort is set on one side.

For the above reasons, post natal examination is not obtained in more than 35% of the total domiciliary cases.

**Orthopaedic cases.**—23 cases were referred from maternity and child welfare centres to the orthopaedic department at the General Hospital as compared with 33 in 1950.

Five of the 23 cases suffered from congenital defects such as talipes torticollis and congenital dislocation of the hip, and the other defects were defects of feet and legs, for example, genu valgum, genu varum etc. There is still a high incidence of knock knees, and 7 cases in all were referred for treatment, and unfortunately 6 cases of bow legs were also found—not a thing to be proud of.

**Infant Mortality.**—1951 was a bad year for loss of infant lives, the rate being 34 as compared with 29.9 in 1950. The chief causes of death were atelectasis (18 cases), congenital defects (15 cases) and respiratory disease (8 cases). Diarrhoea and enteritis, and injury at birth each accounted for 5 deaths.

The following table shows the changes in the causes of death in the last five years.

*Percentage of infant deaths*

<i>due to:—</i>			1951	1950	1949	1948	1947
Respiratory disease	..	..	13.3	21.56	30.15	23.63	19.6
Congenital defects	..	..	25.0	8.88	12.6	7.27	14.4
Atelactasis	..	..	30.0	19.6	6.3	9.09	3.09
Injury at birth	..	..	8.3	3.92	11.1	3.63	9.28
Prematurity	..	..	6.6	11.76	7.93	25.45	11.34
Enteritis	..	..	8.3	9.80	6.3	10.9	17.52
Rhesus negative	..	..	5.0	1.96	3.17	3.63	—

It is probable that with more thorough investigation the Rhesus factor is now reaching its true level.



It is likely that more careful certification accounts for the rise in the number of deaths certified as due to atelectasis and the fall in those attributed to prematurity, but it is significant that of 18 deaths attributed to atelectasis 14 were associated with prematurity, birth weights ranging between 1 lb, 14 ozs. and 4 lbs .8 ozs, as follows:—

Under 5 lbs. but over 4 lbs.	..	..	..	3
Under 4 lbs. but over 3 lbs.	..	..	..	4
Under 3 lbs. but over 2 lbs.		..	..	6
Under 2 lbs. but over 1 lb.	..	..	..	1

Only two of these infants were born on the district and all but one were removed to hospital for special care to be given. Included in this number are cases of triplets and twins. It would seem that more intensive ante-natal care and more research is necessary to avoid this wastage of infant life as in many cases there was nothing known as to the cause of this prematurity. It is not, however, possible to do much to prevent the wastage of life due to congenital defects, the incidence of which has been nearly trebled since 1950. The various defects found were:—

Hydrocephalus with spina bifida	..	2
Meningocele	.. .. .	1
Spina bifida	.. .. .	1
Congenital defects of the heart	..	7
Anencephaly	.. .. .	2
Jejeunal atresia	.. .. .	1

Of 15 infants dying from congenital defects no less than 11 died in hospital and every effort was made to secure adequate treatment.

There was a noticeable rise in the incidence of deaths due to the Rhesus negative factor despite replacement transfusions, and also a rise in the incidence of birth injuries.

The only improvement was the reduction in those deaths due to diarrhoea and enteritis. In 3 of the 5 cases home conditions were unsatisfactory, there being definite over-crowding. Again prematurity lessened the chances of survival in two cases where birth weight was under 4lbs. In only one case was the infant breast fed and similarly in only one case was there any attendance at an infant welfare clinic. Again, two lives were lost due to asphyxia. Despite continued teaching the routine use of a cot is still neglected, but it is only fair to say that in many cases over crowding is so bad as to render the space for a cot impracticable. In view of over-crowding—sometimes amounting to a family of five and more living and sleeping in one room.—it is surprising that there are not more deaths due to asphyxia and enteritis. Although there was a fall in deaths due to prematurity, prematurity was associated with another cause in 27 of the total 60 deaths, in addition to the 4 directly attributed to prematurity.

**Unmarried mothers.**—19 girls were transferred to institutions outside the area as follows:—

The Quarry Maternity Home, Lincoln	13
Castlebar, London .. .. .	2
Salvation Army Home, Manchester ..	1
Sheffield Maternity Home .. .. .	1
Northampton Diocesan Home .. .. .	1
Brigg Institution .. .. .	1

Of the 19, 5 were girls from outside this area. In all cases the period of stay was between 6 weeks and 3 months. All the welfare concerning these cases was done by Sister Smith attached to the Home of Help for Girls. Local authority representatives serve on the Committee of this Home.

**Neo-natal mortality.**—The rate was increased almost 50% in 1951, the actual rate being 22.27 in 1951 as compared with 16.96 in 1950. No less than 39 infants died within a month of birth and accounted for almost two thirds of the total infant deaths. The chief causes were:—

Atelectasis .. .. .	18 cases
Congenital defects .. .. .	9 cases
Injury at birth .. .. .	5 cases
Prematurity .. .. .	4 cases
Icterus (Rhesus negative) .. .. .	3 cases

Again I would stress the need for more intensive ante-natal care. This wastage of infant life is appalling. No one in the field of preventive medicine can regard these figures with complacency.

**Ophthalmia neonatorum.**—Only 14 cases were notified during the year, and again in no case was the causative organism gonococcus. The majority of these cases were really only slightly “sticky” eyes, and in no case was there any impairment of vision.

**Pemphigus neonatorum.**—2 cases were notified, both occurring in babies born in their own homes. Neither was of any serious degree and both cleared up satisfactorily.

**Ophthalmic treatment.**—54 cases were referred from Maternity and child welfare clinics and received treatment for squints and stenosed tear ducts.

**Dental treatment.**—Owing to the continued shortage of dental staff the amount of work done for expectant and nursing mothers and children under 5 was very limited. It is hoped that 1952 will bring to us more staff and the possibility of doing a little more to assist those who are badly in need of treatment.

**Retrolenticular fibroplasia.**—During the course of the year two cases of this condition in toddlers came to light.

**Rubella complicating pregnancy.**—A toddler whose mother suffered from a proved case of rubella during the vital period of pregnancy has been carefully followed up. The multiple difficulties associated with this have become more marked.

### DENTAL TREATMENT.

I am indebted to Mr. W. Hunt, Senior Dental Officer, for the following information:—

Numbers provided with dental care :—

	Examined.	Needing Treatment.	Treated.	Made Dentally Fit.
Expectant and Nursing Mothers	69	69	69	49
Children under five	275	262	262	262

Forms of dental treatment provided :—

	Extractions	Anaesthetics		Fillings	Scalings or Scaling and Gum treatment	Silver Nitrate treatment	Dressings	Radio-graphs	Dentures provided	
		Local	General						Complete	Partial
Expectant and nursing mothers	403	31	41	16	24	..	17	..	11	18
Children under five	429	..	208	18	4	60	5	1	..	..

Radiographs are taken when required at the dental X-ray department at Watkin Street clinic, and dentures are made by a mechanic in the town under contract to the local authority.

**Clinics and Treatment Centres.**—The Clinics and treatment centres provided by the local authority and the education authority in the Borough are as follows :—

### MATERNITY AND CHILD WELFARE.

#### *Infant Welfare Centres.*

Second Avenue, Nunsthorpe	Monday	..	..	2 p.m.
do. do.	Thursday	..	..	9-30 a.m.
Hope Street (Tel. 4012)	Tues. and Thurs.	..	..	2 p.m.
Watkin Street (Tel. 4564)	Tues. and Thurs.	..	..	2 p.m.
Old Clew	Friday	..	..	2 p.m.

*Ante Natal Clinics.*

Second Avenue, Nunsthorpe	Monday	..	..	9-30 a.m.
Hope Street	Monday	..	..	2 p.m.
do.	Friday	..	..	2 p.m.
Watkin Street	Monday	..	..	9-30 a.m.
do.	Wednesday	..	..	2 p.m.

*Post Natal Clinics.*

Hope Street	Thursday	..	..	9-30 a.m.
Watkin Street	Monday	..	..	2 p.m.

*Toddlers' Clinics.*

Hope Street	Tuesday	..	..	9-30 a.m.
Second Avenue, Nunsthorpe	Wednesday	..	..	2 p.m.
Watkin Street	Friday	..	..	9-30 a.m.

*Dental Clinic.*

Hope Street	Every afternoon (except Saturday)			
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*Diphtheria Immunisation Clinics.*

Second Avenue, Nunsthorpe	Second Monday in each month	2 p.m.
Watkin Street	First Monday in each month	2 p.m.
Hope Street	Wednesday	.. .. 2 p.m.

*Vaccination Clinics.*

Second Avenue, Nunsthorpe	Second Monday in each month	2 p.m.
Watkin Street	First Monday in each month	2 p.m.
Hope Street	First Wednesday in each month	2 p.m.

## SCHOOL MEDICAL SERVICE.

*School Clinic.* (Tel. : No. 4867)

Municipal Hall, Burgess Street	Daily (except Saturday)	9 a.m.
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*Eye Clinic.*

Municipal Hall, Burgess Street	Tuesday (by appointment)	2 p.m.
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*Special Investigation Clinic.*

Municipal Hall, Burgess Street	Friday	.. .. 2 p.m.
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*Ophthalmological Clinic.*

Municipal Hall, Burgess Street	Thursday (fortnightly)	2 p.m.
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*Rheumatic and Heart Clinic.*

Municipal Hall, Burgess Street	Monday (monthly)	.. .. 2 p.m.
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*Dental Clinic.*

Hope Street	Daily	.. .. 9 a.m.
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**Cleansing Facilities.**—The cleansing station made available by the Education Committee at the school clinic in Burgess Street continues to be made use of from time to time. It is not often required to be used other than by school children. Complicated cases of scabies with secondary infection are always admitted to hospital,



## MIDWIFERY (Section 23)

Mrs. Thacker retired in March, 1951, and Nurse Davy in July. Nurse Quinn commenced service on the 7th February.

There were 699 domiciliary confinements, 673 by municipal midwives and 26 by independent midwives. In 25% of these cases the midwives acted as maternity nurses.

Eleven domiciliary midwives, qualified in accordance with the requirements of the Central Midwives Board, administered gas and air analgesia to 427 cases, 315 as midwives and 112 as maternity nurses. 63% of the total domiciliary cases received gas and air analgesia. 275 cases had relief from pain following the administration of Pethedine and in only two cases was the treatment given by independent midwives acting as maternity nurses.

So far as is possible full use is made of facilities for relieving pain in childbirth, but there are still many cases where the midwife is summoned too late for any analgesic agent to be used and there are still many women who refuse gas and air analgesia, some through fear of the apparatus and some because they definitely state that they do not need any such alleviation of pain.

Of the total 1,639 cases delivered in the area, 940 occurred in institutions and nursing homes. 43% of the total confinements were conducted by domiciliary midwives. This is a high percentage compared with other towns where the increasing demand for institutional confinement has greatly diminished the extent of domiciliary confinements. In this area the demand is limited by the shortage of institutional facilities.

Municipal midwives made the following visits during the year:—

Ante-natal visits	..	4,762
Nursing visits	..	11,868
Special visits	.. ..	460

a total of 17,090 as compared with 20,138 in 1950.

**Part II district training of pupil midwives.**—10 students received full or part training during 1951. 7 passed their Central Midwives Board examination successfully during the year.

**Maternal mortality.**—There were no maternal deaths during the year.

**Puerperal Pyrexia.**—28 cases were notified during the year, only 3 of these occurring in domiciliary cases. The use of antibiotics has greatly reduced such cases.

## HEALTH VISITING (Section 24)

One new health visitor joined the staff in April, after training at Oxford and passing her health visitors examination, and a new trainee health visitor was engaged and commenced training at Oxford in September, 1951.

Mrs. M. Shannon retired in August after 26 years service with this authority.

The increase in staff was reflected in the increase in the number of visits made, 31,740 as compared with 22,222 in 1950.

The work of the health visitor has greatly increased, by the additional duties imposed by the National Health Service Act, 1946—visits to special cases such as geriatric cases, cases asking for institutional confinements, and hospital discharges.

It is tragic that the knowledge of the family possessed by the health visitor cannot be used for the care of school children. This wastage of knowledge is additional to wastage of time. It should not be necessary for two nurses to visit one family, but this will continue as long as the health visitor is kept out of school welfare work.

The teaching of mothercraft has gone ahead during the year. There were 106 sessions at which there were demonstrations and talks covering cookery, preparation for baby, infant feeding, ante-natal care and sewing classes.

Full use was made of the film strip projector, and of the flannelgram for assisting in emphasising points. There is no doubt that practical teaching seems to hold attention better than simple talks without the use of visual aids. The health visitors are very enthusiastic about these classes and spend much time in preparing for and giving class demonstrations.

Over the whole year one may say that there has been an expansion in this service—more health visitors have been available and therefore more visiting and more educational work has been undertaken. The health visitors have also engaged more in social, educational work outside their actual official work in connection with work amongst guides, women's organisations and Red Cross associations. More mothercraft work has been done and more after care, partly through their own efforts and partly with the assistance of the almoner.

A very active interest has been taken in housing, and many special reports sent in for consideration by the medical officer of health. Intensive propaganda has been used with regard to diphtheria immunisation and vaccination.

Co-operation with social workers has been increased and immediate application is made by the latter for help for unmarried mothers, of whom 14 were sent to various homes.

## HOME NURSING (Section 25)

During the year 1951 the Home Nursing Service has continued its care of the sick and aged in their own homes.

There has been a steady increase in the number of acute nursing cases. Patients have been discharged from hospital at a much earlier stage than heretofore and this has necessitated prolonged domiciliary nursing. Owing to the acute shortage of hospital beds, many patients have been nursed under totally unsuitable home conditions, and only by the co-ordination of the Home Nursing Service and the home help service has it been possible to give adequate nursing care,—another example of the rate-payer lightening the burden of the taxpayer.

The number of tuberculosis cases referred by the chest clinic for anti-biotic treatment was greatly increased.

Altogether 887 new patients were received during the year, an increase of 51 over 1950, and the total number of visits paid was 21,614. The number of staff remained unchanged. A second male nurse completed his Queen's District training and was admitted to the roll of the Queen's Institute on 1st October.

## VACCINATION AND IMMUNISATION (Section 26)

**Immunisation against diphtheria.**—During the year a total of 1,273 children completed the series of inoculations, 356 of these being carried out by general medical practitioners. This compares with low figure of 787 immunised in 1950 (the incidence of poliomyelitis curtailed immunisation last year), and makes, with those immunised in preceding years, a grand total of 24,383.

Towards the end of the year every effort was made to give reinforcing injections to children in the 10-11 age groups in schools, and consequently 754 children between the ages of 5 and 15 years received reinforcing injections as compared with 219 the previous year.

It is estimated that the percentage of immunised children between 0-15 years in the borough is 58.7 per cent. The estimate for those under 5 years being 44.4 per cent. and for those between 5 and 15 years 68.1 per cent.

Seventy-eight bottles of diphtheria prophylactic, each containing 5 c.c.'s., were supplied free of charge to the general medical practitioners.

Table 14 in the appendix indicates the number of children completing the series of inoculations since the inauguration of the scheme.

**Vaccination.**—During the year 535 primary vaccinations and 148 revaccinations were performed. The following table shows the age groups of these vaccinations.



At date of vaccination	Under 1 1951	1 1950	2 to 4 1947 to 1949	5 to 14 1937 to 1946	15 or over before 1937	Total
Number vaccinated	113	230	47	53	92	535
Number re-vaccinated	—	—	3	16	129	148

Of the total 683 vaccinations, 331 were carried out by private practitioners.

The following table shows the number of persons vaccinated per thousand of the population during the past five years. Since the appointed day of the National Health Service Act 1946, a steady increase in vaccinations has been maintained.

Year	Estimated Population	Total No. of Vaccinations	Rate per 1,000 Population
1947	89,190	391	4.4
1948	91,060	301	3.3
1949	91,250	536	5.9
1950	93,240	463	5.0
1951	93,250	683	7.3

#### AMBULANCE SERVICE (Section 27)

This service is staffed with an ambulance officer, 24 driver-attendants, one clerk-telephonist and a motor fitter. The service operates a 7-day week, 24-hour day, 3 shift system, and allowance is made for the maximum number of drivers to be on duty at the peak period between the hours of 9 a.m. and 4 p.m. The total number of vehicles is 12,—9 ambulances and 3 sitting case cars. One sitting case car has been replaced during the year. The fleet is in good condition and repair, although three of the ambulances are ageing and are becoming uneconomical to run. These should be replaced in the near future. In addition to this fleet, the service is responsible for the maintenance and repair of 8 other health service vehicles, 3 motor propelled cycles, the sanitary van and 2 civil defence ambulances.

Every type of case is dealt with, not only locally but by conveying patients to distant hospitals for specialist treatment. During the year 15,154 calls were received; 138 of these came from outside areas and were transmitted to the appropriate authority. 23,221 patients were transported and 137,326 miles were covered by the vehicles. Of the number of patients carried, 1,994 were for accidents or other types of emergency cases.

Despite the opinion expressed in previous years the work of the service continues to increase. On several occasions the demands on the service exceed the staff available and off-duty staff had to be called in to assist. Although the closest liaison exists with the hospitals and clinics, provision of more trolleys will alleviate some of the pressure by accelerating the reception and clearance of vehicles, and better timing by outside hospitals will save mileage and release staff to cope with the heavier demands at home.

There have been no changes in the staff. This permanency is marked by the high standard of proficiency attained and by the public confidence shown in the service.

### PREVENTION OF ILLNESS, CARE AND AFTER CARE (Section 28).

Owing to the fact that for the major part of the year under review the senior almoner had no assistance there is little of particular interest to report although the volume of the work in no way decreased.

Considerable use has been made of voluntary funds, such as the National Society for Cancer Relief and the many service benevolent funds. By the correct use of such funds many sick or disabled people can be assisted towards having the many "extras" which make a world of difference to them and which cannot be granted or anticipated by the statutory services. The National Society for Cancer Relief is a very good example of this as the society is prepared to make weekly grants to patients until death occurs or the need ceases for any other reason such as admission to hospital. The society will help with bedding, extra nourishment, coal, convalescence, etc. and the normal procedure is for the almoner to send in a request with full details of the position. If a grant is made and it usually is, the almoner has the responsibility of disbursing it to the patient.

The General Care Committee of the Central Care Council has met five times during 1951 and assistance has been given to eighteen sick people. This may not seem to be a large number but it must be borne in mind that many other people have been referred for statutory help or aid by voluntary associations thus obviating the need to apply to General Care. A number of the eighteen sick people has been helped by means of other voluntary associations sharing the cost with general care.

In the course of the year a school-girl spent a week with the almoner to observe the work as she hopes to make almoning her profession. It will be a considerable time before she qualifies but in view of the shortage of almoners throughout the country and the seeming impossibility of attracting staff to Grimsby it is encouraging to know that here and there Grimbarians are beginning to think of letting their daughters train as almoners.

Another girl who spent a month with the almoner during 1949 is hoping to start her social studies course at London University next autumn.

As usual the almoner's service has met a variety of medico-social needs. Convalescence has again been a major need and the dearth of suitable convalescent homes in the region has caused the almoner in certain instances to appeal to the Regional Hospital Board for permission to use homes in other regions. e.g., for a child suffering from asthma and a woman with severe heart trouble. Not infrequently special convalescence has meant that the almoner has needed to raise quite large sums of money from various sources outside the borough.

Other aspects of the service provided include drawing attention to circumstances which called for such action as rehousing, earlier admission to hospital because of social reasons and the referring of patients to appropriate officers such as the Probation and Resettlement Officers.

It is pleasing to record that there have been more requests from consultants for social enquiries which often brings to light significant details likely to help the doctors in the treatment of their patients. This side of the work is perhaps the one which brings the most satisfactory results although the taking of a social history is time consuming as is the subsequent collation and assessment of the information gleaned.

There has been continued co-operation between the various local authority departments and the almoner and the successful co-ordination between the Ministry of Labour (Disabled Resettlement Officers' Section) and the Youth Employment Bureau has been marked. During the year a number of joint visits have been made by the almoner and the homehelp organiser, and the almoner and individual health visitors.

On many occasions the attention of the Lindsey Medical Officer of Health has been drawn to patients outside the county borough who require particular care or after-care, these people having been found by the almoner during her ward rounds or having approached her as a result of the recommendation of general practitioners or other officials.

The work of the almoner is now so well known that it is becoming increasingly difficult to attend the hospitals regularly or to undertake all the home visits which should be done. Owing to the number of callers and enquiries at the health department it is becoming clear that it would now be preferable to have one almoner permanently available in the office to deal with this side of the work. This of course can only be done if there is an establishment of three almoners so that the hospital and local authority sides of the work could be reasonably well covered.

The Round Tablers again asked for a list of aged and normally house-bound people who had little enjoyment and who could be invited to a dinner and entertainment. These people were taxi-ed to and from their homes and obviously enjoyed their evening out. The same association requested a list of children to whom Christmas presents could be sent whilst the Cripples' Guild also asked for names of people who would appreciate parcels of groceries. It was very pleasing to have the opportunity of co-operating with these organisations in helping people during the Christmas season.

The figures quoted below will show that in spite of there being only one almoner the work did not proportionately decrease though by the end of 1951 it was obvious that the case-load could not be maintained by one officer. It must be anticipated therefore that in the following year the service will have to be considerably reduced to the detriment of sick people who may need to make use of the almoner's department.

Statistics for 1951.

		1950.
New patients .. ..	1,156	(1,463)
Home Visits .. ..	422	(660)
Ward Interviews .. ..	2,853	(3,008)
Office Interviews .. ..	602	(555)
Old Patients .. ..	2,505	(1,221)

**Health Education.**—Work under this heading was maintained on the same lines as previously reported. The local health authority subscribes to the Central Council for Health Education, and full use was made of the posters, pamphlets, and other publicity material available from them.

As one of its free services the Central Council arranged a series of courses in health education, and a panel of lecturers came to Grimsby in January when the following meetings were held:—

(1) A two-day course for medical officers and public health nurses on The Principles, Methods and Media of Health Education.

(2) A one-day course for head teachers or their deputies on Health Education in the School, arranged in conjunction with the Director of Education.

(3) A one-day course for the staff of the Children's Department, probation officers, day nursery staff, wardens of residential homes and approved schools on Looking after Children, arranged in conjunction with the Children's Officer.

In addition to the above courses, two public evening meetings were held in the Town Hall on 23rd and 24th January. The first meeting was on Parents Problems and was addressed by Dr. John Burton, Medical Adviser to the Central Council for Health Education, supported by the film "Children growing up with other people." The speaker dealt with the problem of difficult children (and difficult parents), and the increase in juvenile delinquency and unsuccessful marriages in recent years—one of the most important questions of the day. The variety of enquiries made by the audience showed how interested they were, and these questions were dealt with in a masterly way by the lecturer.

The second meeting was styled a lecture demonstration and film on Food Hygiene for caterers, food traders and all concerned in the handling of food. The lecturer was Dr. Anne Burgess, Assistant Medical Adviser to the Central Council, and the film "Another case of food poisoning" was shewn to an audience of 120 people engaged in the handling of food. The visual lessons of this film impressed the food handlers and reinforced the advice given by the sanitary inspectors from time to time.



*Press notices.*—Through the good offices of the editor a panel in the local evening newspaper has been placed at the disposal of the department in which regular contributions of general interest to the public appear under the title of Your Health Service.

*Talks to adults.*—Health education talks on a variety of subjects were given by officers of the department—medical officers, health visitors, the chief sanitary inspector, the almoner and the mental health officer—as under.

		<i>Approximate attendance</i>
1951		
Feb. 5	St. Columba's Young Housewives Guild .. ..	60
" 7	Scartho Townswomen's Guild .. ..	40
" 12	Royal College of Midwives, Grimsby Branch .. ..	20
" 19	Nunsthorpe Townswomen's Guild .. ..	14
Mar. 5	Scartho Townswomen's Guild .. ..	50
" 7	St. Giles Church Mothers Union .. ..	30
" 21	Humberstone Church Mothers Union .. ..	35
Apr. 2	Scartho Townswomen's Guild .. ..	20
" 9	Night baking staff at Harold Street bakehouse .. ..	12
May 9	Staff at two bakehouses, Heneage Road and Wellowgate .. ..	50
June 8	Association of parents and backward children .. ..	60
" 11	Townswomen's Guild .. ..	20
" 30	Louth Business and Professional Women's Club .. ..	35
Sept. 13	St. Michael's Mothers Union and Young Wives Group .. ..	30
" 20	Grimsby Cadet Company, Girl Guides .. ..	15
Oct. 23	St Augustine's Church Fellowship .. ..	25
Nov. 19	South Parade Ranger Company .. ..	10
Dec. 13	St. Michael's Young Wives Group .. ..	20

In addition to the above an address was given on 28th September at the Scartho Road Infirmary to a selected audience of 50 persons by Mr. Ivor Dunsford, chief laboratory technician to the Sheffield Regional Board Blood Transfusion Service, on "Human blood groups and their applications."

#### DOMESTIC HELP (Section 29)

This service has now become firmly established in Grimsby and deals with an average number of 105 cases each week including elderly, infirm, chronic sick, blind, maternity, and emergency cases occurring in the home.

An important aspect of this service is the preventive work, in so much that the provision of a home help at a critical time can preserve the security of family life. Many people are able to stay in their own homes instead of going into hospital, also cases are often able to be discharged earlier due to the provision of a home help.

The home help service has now been extended to include sitters-up. Help is provided in households where there is illness necessitating someone being in attendance during the night. At the moment it is only possible for help to be provided two nights weekly to any one household, but it is



hoped to increase this in due course. The number of cases given such help was small owing to the fact that (a) the service did not operate until the latter half of the year, and (b) full publicity was not given because of limited staff.

The number of home helps employed at the end of 1951 was 10 full time and 43 part time, and the cases were made up of 150 maternity, 6 tuberculosis and 222 other cases. Services were provided free of charge in 90 cases.

### MENTAL HEALTH SERVICE (Section 51).

#### (i) *Administration.*

(a) The constitution of the Mental Health Sub-Committee is as follows:—11 members of the council and 5 co-opted members having special experience. Meetings are held monthly on the fourth Monday in each month.

(b) One senior and two junior social workers (females) with university qualifications in social science and two males. The senior female and both male social workers act as duly authorised officers. The Occupation Centre is staffed by a qualified supervisor and three assistant supervisors, one of whom is qualified; two part time male instructors; cook; domestic, and caretaker.

(c) The social workers supervise patients on trial from mental hospitals and mental deficiency institutions and visit patients who have left the mental hospitals as often as appears to be necessary, provide histories and home circumstances reports. Social histories and other visits in connection with the psychiatric clinic held weekly at the Grimsby General Hospital are carried out under the direction of the psychiatrists attending the hospital.

(d) There is no voluntary association in this area.

(e) Officers are sent on training courses as opportunity offers.

#### (ii) *Account of work undertaken in the community.*

(a) Patients are usually referred to the psychiatric clinic by their own doctors, but all patients attending the clinic are visited beforehand, including those referred from the county area, unless the doctors otherwise direct. Transport to the clinic, where needed, is provided by the different ambulance services. Patients needing more extensive work, following their visits to the clinic, are selected by the psychiatrist and follow up work is carried out under the direction of the psychiatrist. 47 clinics were held during the year at which 182 new patients were seen and there were 338 re-attendances. In addition, a few patients were seen in the wards and electric convulsion therapy was given in some instances.

(b) Acute cases, for whom action under the Mental Treatment Acts may be necessary, are referred to the duly authorised officers by doctors, relatives, officials of other departments or employers and friends. The officers visit and where needed arrange immediate admission to hospital for observation or treatment. The number seeking admission to hospital as voluntary patients is steadily growing and in this connection I would

say that the restriction of voluntary admission to men only, owing to shortage of beds, has marked a retrograde step in this service. Much patient work has gone to the education of the public at the level at which voluntary treatment is being sought by patients who are now having to be told that they cannot be admitted to hospital owing to a shortage of women nurses. Patients needing admission to hospital frequently refer their domestic problems to the office before admission to hospital.

(c) (i) Ascertainment of mentally defective children in the community from all sources, including those referred by the education authority amounted to 48 during the year, 43 of whom on examination were found to be defective. In spite of most persistent efforts to find vacancies only 10 patients have been admitted to institutions during the year and our urgent waiting list at the end of the year was 28, but in some cases the degree of urgency proved to be such that it was necessary to admit 15 cases during the year under Place of Safety Orders. We recognise admission under Place of Safety Orders, except for a short term stay, is most undesirable particularly from the point of view of the younger patients, but there is at present no immediate prospect of admission for any of these patients.

(c) (ii) At the end of the year 38 patients remained under guardianship. 2 patients died; 1 was discharged from Order; 1 Order was varied to institutional care. In addition, 1 patient was placed under Order during the year. There were 271 patients under statutory supervision. Statutory supervision was discontinued in respect of 2 patients.

Close co-operation with the Ministry of Labour officials has continued throughout the year. Several patients have found employment after admission to the disablement register. We are most grateful to this department for their consideration and help at all times. Aftercare has been continued on behalf of a number of dull children leaving school, employment having been found in 1 case. Housing problems continue to be a serious difficulty in some instances, particularly with regard to the psychiatric patient and in one or two cases this appears to be the chief factor in the patient's illness. The Housing Department have been in close touch with the office during the year and continue to give as much help as possible.

Licence was granted to 10 patients during the year and 1 licence was varied.

The Girls' Club, used mainly for licence and guardianship patients, continued its activities throughout the year and is run by the younger social workers. Several patients are employed in domestic work or factory work in the town or just live at home. The usual club activities of singing, handwork, country dancing and table tennis provide regular interest and the cook from the Centre also gives a simple cookery lesson each month, which seems to be much appreciated by the girls. A charabanc outing in the summer is eagerly discussed for several months beforehand and a Christmas party has now become a regular institution. The club provides a valuable stepping stone to wider social interests for the younger members and seems to be the principal outing for one or two older members of the club.

(c) (iii) There are now 47 patients attending the Occupation Centre whose ages range from 5 to 38 years. We have also 1 woman under guardianship and 1 woman under Place of Safety Order, aged 53 and 48 respectively, and who are happily occupied at the Centre and are not unsuitable to be with the younger children. The woodwork class under one of the duly authorised officers has continued to make substantial progress and simple articles of equipment for the little ones are now being made in this class, one or two more advanced tools having been added to the equipment. The physical training class for the older boys has now extended and the younger ones are also catered for in this way. This continues to be very popular with the boys and is a help in producing a sense of discipline amongst them. The usual handwork, including knitting, sewing, rug and toy making, singing and country dancing, together with sense training and computation of money are included in the curriculum and a toy repair shop under the direction of the caretaker has been added for the junior boys.

Next year we hope to commence the building of a new Centre in the Nunsthorpe area to house 70 children. We have outgrown our present accommodation and suitable outdoor occupations are particularly desirable for the older boys' group. This we shall hope to provide for in our new building when it is ready.

*I. Particulars of mental defectives as on 1st January, 1952.*

N.B. No case should be entered under more than one heading of (1) or (2) and only "live" cases should be included.

(1) Number of Ascertained Mental Defectives found to be "Subject to be dealt with":—

		M.	F.	T.
(a)	In Institutions (Under 16 years of age) (including cases (Aged 16 years & over) on licence).	11 88	6 91	17 179
(b)	Under Guardianship (Under 16 years of age) (including cases (Aged 16 years & over) on licence)	— 12	1 25	1 37
(c)	In "places of safety" .. .. .	9	4	13
(d)	Under Statutory Supervision (Under 16 years of age) (excluding cases (Aged 16 years & over) on licence)	35 96	28 112	63 208
(e)	Action not yet taken under any one of the above headings .. .. .	2	2	4
	Total ascertained cases found to be "subject to be dealt with" .. .. .	253	269	522

No. of cases awaiting removal M. F. T.  
to an Institution .. .. 17 11 28

(2) Number of mental defectives not at present "Subject to be dealt with" but over whom some form of voluntary supervision is maintained .. .. (Under 16 years of age)	1	3	4
(Aged 16 years & over)	27	31	58
Total number of mental defectives (1) plus (2)	281	303	584
(3) Number of mental defectives receiving Training :—			
(a) In day training (Under 16 years of age)	10	11	21
centres .. (Aged 16 years & over)	9	7	16
(b) At home .. .. .	—	1	1
Total ..	19	19	38

## II. *Particulars of cases reported during the year 1951.*

(1) Ascertainment.			
(a) Cases reported by Local Education Authorities (Sec. 57, Ed. Act, 1944):—			
(i) Under Sec. 57(3) .. .. .	5	1	6
(ii) Under Sec. 57(5)			
On leaving special schools .. ..	3	—	3
On leaving ordinary schools .. ..	12	13	25
(b) Other ascertained defectives reported during 1951 and found "subject to be dealt with" .. .. .	3	3	6
Total ascertained defectives found to be "subject to be dealt with" during year ..	23	17	40
(c) Other reported cases ascertained during 1951 who are not at present "subject to be dealt with" .. .. .	2	3	5
Total number of cases reported during the year .. .. .	25	20	45

## (2) Disposal of cases reported during the year.

(a) Ascertained defectives found to be "subject to be dealt with":—	M.	F.	T.
(i) Admitted to institutions .. ..	—	—	—
(ii) Placed under guardianship .. ..	—	—	—
(iii) Taken to "places of safety" .. ..	3	1	4
(iv) Placed under statutory supervision	20	12	32
(v) Died or removed from area .. ..	—	1	1
(vi) Action not yet taken .. .. .	—	3	3
Total ascertained defectives found to be "subject to be dealt with" .. .. .	23	17	40



(b) Cases not at present subject to be dealt with:—			
(i) Placed under voluntary supervision	—	1	1
(ii) Later found not to be defective ..	—	—	—
(iii) Died or removed from area ..	—	1	1
(iv) Action unnecessary .. .. .	1	—	1
(v) Action not yet taken .. .. .	1	1	2
Total cases not at present "subject to be dealt with" .. .. .	2	3	5

III. Number of mental defectives in institutions under community care including voluntary supervision or in "Places of Safety" on 1st January, 1951, who have ceased to be under any of these forms of care in 1951.

(a) Ceased to be under care .. .. .	8	10	18
(b) Died, removed from area, or lost sight of	9	14	23
Total .. .. .	17	24	41

IV. Of the total number of mental defectives known to the local authority

(a) Number who have given birth to children during 1951:—	
(i) After marriage .. .. .	3
(ii) While unmarried .. .. .	2
(b) Number who have married during 1951	Males 2, females 4

**Lunacy.**—The number of patients admitted to mental hospitals was 102, as a result of 246 calls made by the duly authorised officers.

### MISCELLANEOUS.

**Blind persons.**—At the end of the year the number of blind persons in the borough was 175 (males 87 and females 88). During the year the ophthalmic surgeons made 41 examinations as a result of which 27 persons were certified as blind and 10 as partially sighted within the meaning of the National Assistance Act, 1948.

**Blood donors.**—Facilities are offered to the Sheffield Regional Transfusion Team to hold taking sessions at the local authority's clinics. Six such sessions were held at Watkin Street clinic and 95 new donors were enrolled.

**Laboratory facilities.**—The examination of specimens is carried out in the laboratory at the Grimsby General Hospital. A total of 1,372 specimens were sent by the health department for examination during the year.



## V.—SANITARY CIRCUMSTANCES.

Mr. Harold Parkinson, Chief Sanitary Inspector, has compiled this section of the report.

**Water Supply.**—The supply for the whole of the borough was drawn from deep wells and was not subjected to treatment for the reduction of hardness or for purification before distribution in the mains of the Grimsby, Cleethorpes and District Water Board. All the 19 reports on samples taken for chemical and bacteriological examination were satisfactory and specimen reports are set out below :—

*Report by Pathologist on bacteriological examination of town's water taken on 31.12.1951 :—*

Central Pathological Laboratory,  
Grimsby General Hospital, Grimsby.

<i>Sample-Xb</i>	<i>Laboratory Ref. No. 25888</i>	<i>31.12.1951.</i>
Plate count.	3 days at 22° C. aerobically.. ..	2 per ml.
Plate count.	2 days at 37° C. aerobically.. ..	33 „ „
Coliform bacilli absent from 100 ml.		
Cl. welchii absent from 50 ml.		

3.1.1952.

(signed) F. HAMPSON, Pathologist.

*Report by Public Analyst.*

67 Surrey Street,  
SHEFFIELD, 1.

*Physical Characters*

Suspended matter .. .. .	None
Appearance of a column 2ft. long .. .. .	Clear; colourless
Taste .. .. .	Normal
Odour .. .. .	None

*Chemical Examination*

*Parts per million*

Total solids dried at 180° C .. .. .	320.0
Chlorides in terms of chlorine .. .. .	22.0
Equivalent to sodium chloride .. .. .	36.3
Nitrates .. .. .	none
Nitrates as nitrogen.. .. .	3.00

*Chemical Examination—continued.*

*Parts per million*

Poisonous metals (lead etc.) .. .. .	none
Total hardness .. .. .	257.0
Temporary hardness .. .. .	211.0
Permanent hardness .. .. .	46.0
Oxygen absorbed in 4 hours at 80°F. .. .. .	0.38
Ammoniacal nitrogen .. .. .	0.008
Albuminoid nitrogen .. .. .	0.048
Free chlorine .. .. .	none
pH value .. .. .	7.5

*Remarks:*—The sample is satisfactory both chemically and bacteriologically.

(Signed) For John Evans (A. H. Allen & Partners).

23.1.1952.

HUGH CHILDS.

The quantity of water available was more than sufficient to meet all the needs in the Borough in 1951. About 5,000 houses are still without internal water supply; the occupants drawing their supplies from stand pipes in back yards.

**Drainage and Sewerage.**—Details of the main sewerage system are contained in the 1932 Annual Report.

During the summer of 1951 the open dyke in Chelmsford Avenue/Littlefield Lane area, was piped and covered thus abating permanently the nuisance caused by sewage backing up the open dyke when the penstock at Pyewipe outfall was closed at high tide.

As a result of notices served under the Private Street Works Act Glebe Road, Scartho, was sewered thus enabling the house drainage systems to be connected to the new public sewer and the cesspools abolished.

At the end of the year negotiations with owners were in progress for the sewerage of the top portion of Ferriby Lane, Scartho, so that in 1952 nuisances from cesspools can be abated permanently.

**Rivers and Streams.**—The only stream in the Borough is the River Freshney, although there are many open dykes in the outlying wards of the town.

**Closet Accommodation.**—Where the districts are without sewers—pail closets are in use, but these are comparatively few in number, mainly in the Scartho and South Wards.

**Public Cleansing.**—Tipping continued to be the main method of disposal. The Corporation, after public enquiry, obtained land in the Cromwell Road area which will be available for a limited amount of tipping in the future.

In spite of the prohibition of the use of galvanised metal for ashbins the Council continued to operate the scheme (successfully inaugurated in 1950) supplying a new type of bin for the renewal of defective ashbins. The comparison of the length of life of the two types of bins should be of interest. 2,000 bins have been supplied by the Corporation since the scheme commenced.

Complaints were received from occupiers from time to time about the method of discharging the contents of ashbins into open skips near the houses and then carrying the skips uncovered to the refuse vehicle. A much more hygienic method would be to tip the ashbin direct into a modern refuse vehicle—although this method may involve a little more labour, nuisances from dust and smell would be mitigated.

Mr. R. C. Birch, Cleansing Superintendent, reports an increase of 1,120 tons in the domestic and trade refuse collected in 1951. After salvaging 1,220 tons of waste paper, the remainder of the 30,653 tons of refuse collected was tipped at Humberstone brick yard, Little Coates and Stortford Street allotments.

The contents of pail closets (26 tons) were used on agricultural land. 786 tons of household food scraps were collected and used for pig and poultry feeding.

The sale of salvaged materials realised £23,514 11s. 8d.

### Sanitary Inspections.

Accumulations .. ..	204	Animals .. ..	34
Ashbins .. ..	45	Caravans .. ..	68
Complaints received and investigated ..	3015	Dirty houses and persons ..	166
Drain tests .. ..	101	Drainage .. ..	5938
Infectious disease enquiries ..	116	Factories and outworkers ..	129
Offensive smells .. ..	197	Lodging houses .. ..	35
Passages and yards ..	2350	Miscellaneous matters ..	4351
Public conveniences ..	5	Offensive trades .. ..	70
Rooms disinfected after infectious disease ..	125	Piggeries and stables ..	1147
Water supply .. ..	53	Rats and mice .. ..	458
		Smoke observations ..	64
		Verminous premises ..	114

### Housing.

Houses, defects and nuisances (Public Health Act) .. ..	2509
Houses (Housing Act) .. ..	2235
Overcrowding (Housing Act) .. ..	70

### Notices.

Informal notices served .. ..	2024
Statutory notices served .. ..	1143
(197 Housing Act; 920 Public Health Acts; 21 Food and Drugs Act and 5 Shops Act).	

Work in default was carried out by the Corporation at the cost of the owners in respect of 502 notices.

Defects remedied and nuisances abated included :—

Accumulations cleared ..	21	Animals (nuisances abated) ..	1
Ashbins provided ..	26	Chimney repairs .. ..	174
Doors and frames renewed or repaired ..	263	Drains cleared .. ..	976
Drain repairs .. ..	180	involving 4023 houses	
Eavesgutters new and repaired ..	552	Drain and inspection chambers (new) .. ..	5
Floor repairs or renewals ..	450	Fireplace and range repairs ..	396
Houses cleansed .. ..	12	Handrails provided and re-fixed .. ..	30
Passages paved and repaired ..	39	Offensive smells abated ..	15
Rain water pipe repairs and renewals .. ..	160	Plaster repairs .. ..	1,027
Stairway repairs .. ..	16	Sink and pipe repairs ..	29
Washboiler repairs and renewals ..	72	Roof repairs .. ..	765
Water closet repairs ..	414	Wall repairs .. ..	159
Yard walls and gates repaired ..	2	Window repairs .. ..	422
		Water pipes and taps repaired ..	98
		Yards repaired and repaved ..	132

**Offensive Trades.**

Tripe dressers	..	..	..	..	4
Fish meal maker	..	..	..	..	1
Fat melters	..	..	..	..	4
Fish curers	..	..	..	..	36
Hide and skin dealer	..	..	..	..	1
Gut scraper	..	..	..	..	1
Rag and bone dealers	..	..	..	..	4

Attempts were made by the Sanitary Sub Committee, following a report from the Chief Sanitary Inspector in February, to eliminate the nuisances from smell and spillage of foul liquid caused during the conveyance of fish offal through certain parts of the town.

The Sanitary Committee held a joint meeting with the Port Health Committee and representatives from various trades concerned and the Dock Authority.

Little, if any, progress was made and late in the year consideration was given by the Sanitary Sub Committee to the adoption of a byelaw under Section 82 of the Public Health Act 1936 to control this side of the fish meal making business.

The construction of a road direct from the docks to Pyewipe thereby obviating cartage through the town still deserves serious consideration by the Dock Authorities and the Town Council, not only from the public health view point but from the possible future development of the interlying derelict land for industrial purposes.

The provision of a direct road may be long term policy but in the meantime much of the nuisance could be eliminated by the whole hearted application of the following methods :—

1. Only sound metal bins to be used for fish offal. Drainage holes in the bottom prohibited.
2. Vehicles to be so constructed to prevent leakage and spillage of foul liquid.
3. Vehicles and bins to be adequately covered.
4. Thorough and constant cleansing of vehicles and offal containers (inside and outside).

To the regret of many interested persons (town councillors, fish curers, occupiers of certain houses and officials) once again progress cannot be reported in connection with the Orwell Street scheme which seeks to make possible the transfer of fish curing businesses from residential areas to sites adjoining the fish dock. The provision of alternative housing accommodation for displaced tenants remains the paramount obstacle.

**Keeping of Animals.**

*Piggeries.* When the relaxation of the byelaws relating to the keeping of animals was withdrawn by the Government, members of the Sanitary Sub Committee considered a report from the Chief Sanitary Inspector regarding piggeries in use in the Borough. A brief summary of the report follows :—



In the Borough were 282 premises where 1,540 pigs were kept in 463 sties, including 61 premises where 547 pigs were kept in 150 sties within 50 feet of a dwelling.

In consequence of this report and the repeated complaints received by members of the Town Council about pigs being kept in residential parts of the borough, (when the Council could not exercise control about limiting the distance from dwelling houses) a byelaw was adopted unanimously by the Town Council restricting the keeping of pigs to situations more than 50 feet from a dwelling. The byelaws were submitted to the Ministry for approval and at the end of the year the matter was still under consideration at Whitehall.

**Rat Repression.**—The work of the 3 Corporation rat catchers continued in 1951 applying the customary and approved methods and poisons.

Whilst this service is appreciated by the ratepayers they could help themselves to prevent rat infestations if more care were exercised in the disposal and storage of scraps of food and in the keeping of pigs, poultry and other domestic pets.

The public sewers received the usual treatment.

Unfortunately a district sanitary inspector and a Corporation rat catcher, who had been working together, contracted Weill's disease and at one time the inspector was so seriously ill that his life was despaired of. After a long absence both men fully recovered and returned to duty.

A fatal case of Weill's disease was reported. A bricklayer's labourer (a resident in Grimsby R.D.C.) died after working on new drainage work on the Nunsthorpe housing estate. There was no evidence of rat infestation in the sewers in that area. A short time previously the Nunsthorpe sewers had been baited and the nearest "take" of bait was well over half a mile away.

**Eradiction of Vermin.**—The Corporation disinfectors successfully dealt with the following vermin infestations during 1951 :—

Bugs 48; fleas 13; cockroaches 18; flies 6; lice 5 (3 council houses involved).

Other infestations which received his attention were :—

27 houses treated for woodworm (23 Corporation houses).

2 disinfestations for ants, 1 for moths and 7 wasp's nests destroyed.

As in previous years D.D.T. Powder and sprays were used.

**Atmospheric Pollution.**—The contents of the deposit gauge at 1 Bargate, were analysed each month. The lowest amount of recorded pollution being in January (6.22 tons per square mile) and the highest in May (15.72 tons per square mile).

The average calculated weight of solid pollution was 9.4 tons per square mile.

During the autumn, local industrialists co-operated with the Ministry of Fuel and Power and the local authority, when arrangements were made



for stoker/demonstrators from the Ministry to visit steam raising plants at the various factories in the Borough. The expert advice given during the visits proved helpful to the firms concerned.

**Factories Act.**—See statistical report in the appendix.

**Public Swimming Baths.**—Throughout the season satisfactory samples of water were obtained from both the Eleanor Street and Orwell Street Baths.

**Aged Persons.**—During the year six certificates were issued under Section 47 of the National Assistance Act by the Medical Officer of Health after nine cases had been reported by the Sanitary Inspectors. Three reports were also received from the Home Nursing Service.

In one case it was necessary to obtain an order at the Magistrates' Court for removal of one person to Scartho Road Infirmary.

The only accommodation available in the Borough is at Scartho Road Infirmary and such is totally inadequate. It is once again necessary to stress the pressing need for the Council's schemes for aged people's hostels to be brought to fruition without delay.

**Places of Entertainment.**—The sanitary arrangements at two cinemas were brought up to the standard prescribed by the Town Council.

Only one cinema remains with inadequate sanitary accommodation and the proprietors have already purchased adjoining property to comply with the Council's requirements; but this scheme remains in abeyance until the restrictions regarding the adaptation of dwellinghouses for other purposes are removed.

**Schools.**—It was necessary for the Town Council to authorise the service of statutory notices on the owners of St. John's School under Section 93 of the Public Health Act 1936 regarding the insanitary and dangerous state of the playground.

Since last year's improvements, progress cannot be reported in meeting the inadequacies in sanitary accommodation mentioned in the report following the full sanitary survey of 1948.

**Disposal of the Dead.**—The provision of a Crematorium in Grimsby was mentioned in the annual report for 1948 and since that time the approval of the Ministry has been received for the expenditure and tenders accepted for its erection to commence in 1952. The necessary roads and sewers have already been completed.

## VI.—HOUSING.

The Chief Sanitary Inspector has prepared this section of the report :—

**New Houses.**—428 new houses (including council houses) were erected in the Borough in 1951.

21 houses were demolished in 1951.

### Unfit Houses.

Housing Acts 1936-1949  
Town and Country Planning Act 1947  
Declaration of Unfitness Orders

Three public enquiries were held by inspectors of the Ministries of Local Government and Planning and Housing and Local Government during the year to consider objections made by various property owners.

For each enquiry proofs of evidence, schedules, estimates of costs and valuations were prepared by the Chief Sanitary Inspector who appeared as the Corporation's sole witness.

- (a) *Victoria Street (No. 1) Unfitness Order (Enquiry 27th and 28th February, 1951.* 190 houses on the area (including 4 public houses and 1 common lodging house).

178 families on the area (428 adults and 189 children).

157 houses represented as unfit.

143 houses confirmed by the Minister as unfit included :—

374, 380, 392/396, 402, 404, 408, 410 Victoria Street (10 houses).

237, 239, 249, 251, 253, 216/230 Burgess Street.

1, 2 Bk. 244, 252, 266, 268, 294 Burgess Street.

300/310, Bk. 310 Burgess Street (26 houses).

157, 159, Bk. 159, 161, 187/207 King Edward Street.

225, 1-7 Bk. 225, 227/233 King Edward Street.

243, 245, 150/158, 1-6 Bk. 150 King Edward Street.

172/176, 186/192 King Edward Street.

3 bk. 192, 194/196, 1 bk. 196 King Edward Street.

198, 4 bk. 198, 200/210, 210a King Edward Street.

216, 218, 230/246 Bk. 230/Bk. 234 King Edward Street.

Bk. 242/Bk. 246 King Edward Street (77 houses).

15/33, 16/26 Cressey Street (16 houses).

17/25, 31, Bk. 31, 22 Lower Spring Street (8 houses).

1, 2, 3 Pinders Buildings (3 houses).

8, 9, 10 Spring Terrace (3 houses).

Of the 14 houses excluded from the Order, 8 were found to be unfit, but since the first representation these premises had become Crown property (Hospital Board). The remainder of the exclusions included small shops with houses.

- (b) *Bath Street (No. 1) Unfitness Order (Enquiry 10th October 1951).*  
 39 houses on the area.  
 45 families on the area (93 adults and 63 children).  
 14 houses represented as unfit.  
 14 houses confirmed by the Minister as unfit included :—  
 15/35 John Street. 14, 16, 18 Hope Street (14 houses).
- (c) *Victoria Street (No. 2) Unfitness Order (Enquiry 11th December, 1951).*  
 120 houses on the area.  
 134 families on the area (303 adults and 123 children).  
 112 houses represented as unfit.  
 112 houses confirmed by the Minister as unfit included :—  
 230-250 Victoria Street (11 houses). 9-23 Havelock Street.  
 2, 4, 6, 10-18 Havelock Street. Bk. 18, 20-28 Havelock Street  
 (22 houses) 117-125 Burgess Street. 128, 138, 100, 98 Burgess  
 Street. 1, 2, 3, 4 Bk. 124, Bk. 120 Burgess Street (13 houses).  
 7-13 Grime Street (4 houses). 3-9, 19-49 King Edward Street.  
 4, 16a, 16b, 16c, 18-36 King Edward Street. 36a, 36b, 38,  
 40 King Edward Street. Bk. 6-Bk. 16, Bk. 16a, Bk. 16b,  
 Bk. 16c King Edward Street. Bk. 18-Bk. 36, Bk. 36a Bk. 36b  
 King Edward Street. 1-4 Bk. 38, Bk. 42, Bk. 44 Bk. 46 King  
 Edward Street (62 houses).

*Housing Act 1936—Section 11.*

The Housing Committee considered reports from the Chief Sanitary Inspector relating to three houses (17 Ainslie Street, 42 Pasture Street, 64 Wellowgate) which were considered to be unfit for human habitation and could not be made fit at reasonable expense.

The Committee interviewed the owners and accepted written undertakings that the premises would not be again let as dwellings after the Corporation had provided other housing accommodation for the tenants.

**Overcrowding.**—The Housing Manager was notified when houses were found to be badly overcrowded and the occupiers had not been successful in their applications for municipal houses or finding other accommodation to abate overcrowding. Most of the persons living in overcrowded conditions were members of young and growing families living with relatives.

It is impossible to assess the full results of the harmful influences on the future health and conduct of the occupants. The saddening deterioration of early and praiseworthy attempts at home making and good house keeping, the distress and ill-feeling engendered by conflicts in families and the great inconveniences constantly endured through lack of decent and reasonable amenities are all apparent to those whose daily work brings them first hand knowledge of the prevailing conditions in overcrowded dwellings.

**Housing repairs.**—Routine house to house inspections as indicated by the Housing (Consolidated) Regulations were not made. Inspections were limited to the investigation of complaints about defects and the necessary repairs received attention after the service of notices, both informal and statutory, under the Public Health Acts and Housing Acts.

A deputation from the local property owners association was received by the Health Committee. The deputation wished the Committee to restrict the requirements of the notices to the association's minimum and for the Committee to proceed under the Housing Act rather than the Public Health Act.

The Town Council confirmed the decision of the Health Committee to continue with the existing methods.

**Improvements—Housing Act 1949.**—Applications for grants for the improvement of houses under the Housing Act 1949 were comparatively few (eleven) and again confined to the applications of owner-occupiers. The usual improvement was the provision of a fixed bath, wash basin, internal water closet and hot water system.

Probably more applications would be submitted if the contents of the Acts and its benefits were more widely known.

**Small Dwellings Acquisition Acts.**—Reports and certificates were issued by the Chief Sanitary Inspector regarding the condition of 64 houses for which the Corporation had received applications for loans.

**Caravans.**—Fortunately there is no "caravan problem" in the Borough as besets many local authorities in other parts of the country.

Since 1927 the Grimsby Corporation Act 1927 has required owners and occupiers of caravans and owners of land to obtain the permission of the Corporation before using a caravan for living purposes in the Borough.

Two caravans were so used without permission of the Council and in one instance it was necessary to take court proceedings to ensure the removal of one van.

**Common Lodging Houses.**—There are two common lodging houses and one seaman's lodging house in the Borough.

One of the common lodging houses is of a very poor type, used chiefly by aged men who dislike the orderliness of a well conducted lodging house but yet endure, by choice, the primitive crudities of 249 King Edward Street. This lodging house is in the Victoria Street No. 1 Unfitness Order and on its closure, the displacement of the lodgers may become a problem to the Welfare Committee of the Council if the possible needs of these men are not considered beforehand.

The other lodging house is a Salvation Army Hostel and the Royal Mission to Deep Sea Fishermen own the Seamen's Hostel—both these premises are assets to the town.



## VII.—INSPECTION AND SUPERVISION OF FOOD.

The Chief Sanitary Inspector is responsible for this section of the work :—

### Inspections.

Bakehouses .. ..	221	Dairies and milk vendors ..	574
Fish curers .. ..	169	Fish shops .. ..	62
Food preparers .. ..	209	Fried fish shops .. ..	239
Greengrocers .. ..	56	Grocers .. ..	483
Ice cream makers and vendors		Markets .. ..	228
premises .. ..	483	Meat shops and stores ..	646
Restaurants and cafes ..	138	Slaughterhouses .. ..	2295
Other matters .. ..	188		

### Milk Supply. *Registrations and Licences.*

Wholesalers of milk .. ..	5
Retail purveyors of milk .. ..	365
(including 19 with premises in Grimsby, 9 from outside of the borough and 337 bottled milk vendors).	
Licensed pasteurisers of milk .. ..	4
(2 high temperature short time plant and 2 holder process).	
Supplementary licences for sale of Pasteurised milk .. ..	13
Supplementary licences for sale of Tuberculin Tested milk ..	1
Licences to use designation Tuberculin Tested (Pasteurised) milk .. ..	3
Supplementary licences to sell Tuberculin Tested (Pasteurised) milk .. ..	3
Licences to produce Sterilised milk .. ..	3
Licences to sell Sterilised milk .. ..	337

Regular sampling of every separate source of milk supply continued throughout the year for the standard bacteriological tests and biological examinations were made for the presence of tuberculin organisms. The results of the tests of the 238 samples are as follows :—

**Tuberculin Tested Milk.**—4 samples were satisfactory and 6 were unsatisfactory; of these six, 3 failed both the methylene blue and B.Coli tests, 2 contained B.Coli and 1 failed the methylene blue test. The Milk Production Officer of the Ministry of Agriculture and Fisheries was notified about these bad samples, so that attention could be given at the farms concerned.

11 samples for biological examination were free from tubercular organisms.

**Tuberculin Tested (Pasteurised) Milk.**—42 samples complied with the terms of the licence, although 2 of them contained non-faecal B.Coli. All the samples passed the biological tests.

**Pasteurised Milk.**—Of the 76 samples taken 73 complied with the terms of the licences but 3 of these contained non-faecal B.Coli.

The three samples which did not reach the prescribed standard failed the methylene blue test.

73 biological tests were satisfactory.



**Sterilised Milk.**—All the 36 samples taken complied with the terms of the licences and the biological tests.

**Raw Milk.**—74 samples were taken and 58 reached the bacteriological standard of tuberculin tested milk.

76 biological samples were free from tubercular infection.

**Tubercular calves.**—Two calves about six months old from a tuberculin tested herd were examined in a Grimsby slaughterhouse and found to be tubercular by the Corporation inspector on meat inspection duty. These findings were reported immediately to the Divisional Veterinary Officer of the Ministry of Agriculture and Fisheries so that the herd could be examined on the farm.

A tubercular cow from the same farm had been slaughtered under the Tuberculosis Order 1938 the previous month.

**Meat and Food Inspection.**—Although there was a decrease in the number of animals slaughtered in the four former private slaughterhouses controlled by the Ministry of Food, all the unsatisfactory conditions prevailed as has been mentioned in so many previous annual reports.

At last it is possible to report that the long promised Government sponsored public abattoir is becoming a reality. The foundations have been laid, building work is in progress and the Ministry of Food hope to have this modern slaughterhouse completed and in use by the autumn of 1952.

The examination of the carcasses and offals of 24,557 animals by the sanitary inspectors has occasioned the usual night and Sunday duties at certain periods of the year.

Tabulated details are set out below :—

*Carcasses inspected and Condemned.*

	Cattle excluding Cows	Cows	Calves	Sheep and Lambs	Pigs
Number killed ... ..	4,465	2,113	1,257	14,204	2518
Number inspected ... ..	4,465	2,113	1,257	14,204	2518
All diseases except tuberculosis. Whole carcasses condemned. ... ..	3	11	11	44	28
Carcasses of which some part or organ was condemned	1,952	1,166	10	1,649	823
Percentage of the number inspected affected with disease other than tuberculosis ... ..	43.78%	55.70%	1.67%	11.92%	33.8%
Tuberculosis only. Whole carcasses condemned ... ..	41	82	1	2	16
Carcasses of which some part or organ was condemned. ... ..	903	1,011	1	—	518
Percentage of the number inspected affected with tuberculosis ... ..	21.14%	51.73%	0.16%	0.01%	21.21%

Diseases and other conditions found included :—

Abscesses, actinomycosis, angioma, arthritis, atrophy, bone taint, bruising, cirrhosis, cysts (various types), decomposition, distoma, dropsy, emphysema, emaciation, enteritis, fever, immaturity, Johnes disease, mastitis, melanosis, necrosis, osteomyelitis, parasites (various) pentastomes, pericarditis, peritonitis, pneumonia, pleurisy, pyaemia, sclerosis, septicaemia, septic metritis, sourness, swine erysipelas and tumours.

Weight of meat condemned—102 tons, 3 cwts, 25 lbs.

**Cysticercus bovis.**—The carcass and offals of beasts slaughtered were examined for the presence of this parasite as a routine measure and 39 cases were found and submitted for histological examination.

All infested carcasses were stored away for 21 days at a temperature below 20°F. Further examinations were made after jointing the meat and the appropriate condemnations made.

**Central Meat Depot.**—During the summer the Wholesale Meat Supply Association made a hurried removal from the Brighowgate Depot to a former Ministry of Food Buffer Depot in Robinson Street East. It was necessary to complain to the Ministry about the condition of this new store. Although for some time the Association had received notice to quit the Brighowgate depot there had been little preparation to make the Robinson Street premises suitable for use in the storage and handling of meat. The walls and roofs were dirty. The arrangements for the cleansing of offals tins were totally inadequate and the premises were without a proper drainage system. Parts of the store were inadequately lighted. It was only after extreme difficulty that the Wholesale Meat Supply Association and the Ministry of Food agreed to make the premises approach the requirements of the Meat Regulations which apply to private meat stores and traders. It is a deplorable state of affairs to find a lower standard countenanced by the Ministry of Food and its contractors when the Ministry of Food are continually urging officers of local authorities to press on in their endeavours to improve food hygiene in private concerns. This store was regularly frequented by private meat traders and their reactions to this state of affairs were freely expressed during discussions on food hygiene, which conditions militated against the efforts of the inspectors.

All meat brought into Grimsby was examined before distribution from the depot and it was necessary to condemn 11 cwts. 6 lbs. of diseased meat from other districts.

7 cwts. 8 lbs. of canned meat were also condemned as unfit.

**Horse Flesh.**—There was only one shop in Grimsby where horse-flesh was sold for human food and by arrangement with the proprietor 97 carcasses and offals of horses slaughtered in the Grimsby Rural District were submitted for examination before sale. One liver and a pair of kidneys were found to be unfit for food.

**Stores and Shops.**—Details of the various foods examined and found to be unfit were :—

30 tins fruit juice	32 Christmas puddings
1638 tins fruit	83 fruit and jam puddings
7 stone fish	1 duck
8½ stone crab	4 chickens
3 boxes apples	473 lbs. walnuts
269½ lb. biscuits	122 lbs. cheese
29 lbs. cake	128 lbs. pork sausage
35 lbs. fruit pulp	160 lbs. ham
1263 tins vegetables	10 lbs. luncheon meat
1475 tins meat	7 lbs. mutton
2006 tins milk	40 lbs. chickens
17 tins dried milk	192 lbs. bacon
349 tins soup	118 lbs. beef
336 tins fish	28 lbs. haslet
3 tins Ovaltine	112 lbs. pigs maws
5 tins sweetcorn	12 lbs. beef sausages
330 tins hams	12 lbs. jellied veal
108 tins egg powder	46 lbs. flour
5 tins coffee	4 lbs. ground rice
1 tin cheese	77 lbs. tomatoes
1 tin Nescafe	50½ lbs. cooking fat
1395 tins tomatoes	57½ lbs. butter
67 tins tomato juice	2 lbs. margarine
1198 tins baby food (mixed)	¾ lb. cream
60 tins barley crystals	2 lbs. prunes
270 jars preserves	660 lbs. pears
69 jars meat paste	130 lbs. coffee beans
21 jars sandwich spread	88 lbs. confectionery
116 jars fish paste	5 ozs. coffee
2 jars honey	86 dozen chocolate bars
17 jars pickles	510 dozen marshmallow wafers
55 bottles condiment	82 dozen chocolate Easter eggs
1 bottle orange squash	60 tins chocolate cones
1 bottle vinegar	8 packets chocolate spread
5 bottles flavouring essence	52 packets curry powder
43 casks bitter orange skins	210 packets cereal
3086 portions cheese spread	3 packets semolina
30 Swiss rolls	586 packets milk whipping com- pound
4 chocolate rolls	11 packets sponge mixture
7 meat pies	151 packets dates
1 apple pie	94 packets dates and nuts
5 fruit pies	102 packets soya flour
4 scones	18 packets pudding mixture
1 mince pie	5 packets parsley and thyme

Total weight — 13 tons 18 cwts. 3 qrs. 10 lbs.

**Disposal of Unsound Food.**—In accordance with the terms of a contract with the Ministry of Food a local firm of meal makers collected the diseased and unsound meat and carted it to their factory outside the Borough at Killingholme.

After reasonable safeguards had been taken a certain amount of other types of unsound food (chiefly tinned goods) were used for animal feeding. In the absence of a Corporation incinerator, the remainder was burned on Corporation tips.

**Transport and Handling of Meat.**—Breaches of the Meat Regulations were reported to the Health Committee and it was decided to issue warnings to the local carriers concerned.

Representations were made to the Ministry of Food about the dirty condition of meat arriving in Grimsby from other districts. In one instance it was necessary to condemn 40 lbs. of meat trimmed from one side of beef—which meat appeared to have been dragged in dirt and then walked on.

From many observations made on the arrival of meat at the Meat Depot there is an obvious need for improvement not only in methods of storage but also in the handling and transport of meat by some contractors in other parts of the country.

**Food hygiene.**—During a short period in the summer there was a crop of complaints about “foreign” bodies (ranging from nails to cigarette ends) being found in bread and confectionery made in local bakehouses.

Investigations were made and reports presented to the Sanitary Committee and members decided not to take court proceedings for contraventions of the Food and Drugs Act but instead to interview the principals of the firms concerned. These bakers were warned by the Committee of the consequences if further offences were reported.

The Chief Sanitary Inspector visited several bakeries and spoke to the workers during the night shifts. The daily and continuing practice of food hygiene was emphasised.

Progress can be reported in securing the provision of adequate supplies of hot water and washing facilities in some food shops, but it is surprising and disturbing how many food purveyors appear to be prepared to accept that an occasional kettle full of hot water is all that is necessary for use in their shops.

Many unhygienic practices noted by the sanitary inspectors during their visits to food premises indicated how much more education and practice in food hygiene is still necessary. The discerning members of the public can help considerably in improving standards by only shopping where hygiene is not only talked about and advertised but where it is openly practiced.

The surfeit of lip service to food hygiene has become wearying to those who are meeting the difficulties every day in attempting to raise standards.

**Markets.**—Following the test case taken before the magistrates, after a sine die adjournment, an agreement was reached with the stall holders representatives of the two open air markets about the methods to be adopted to meet the terms of the Byelaws.



It was only after the Council had again stated that further proceedings would be taken if the provisions of the Byelaws were not observed before a certain date that fairly reasonable compliance was secured.

Later certain stall holders complained that because of the protecting screens their trade had declined.

The sale and display of food (which is ready for immediate consumption) in the open air is still a public health problem and has not yet been dealt with adequately by legislation.

**Food poisoning.**—15 persons were known to be ill from food poisoning; there was no fatal case.

The first outbreak occurred in May, five persons in one house being affected; extensive investigations did not reveal the organism causing the illness. Butter, the only food eaten in common by the two families, was suspected but the results of bacteriological examination of food and faeces were negative.

A month later a family of five became ill and again after exhaustive enquiries and tests the casual agent was not discovered, but suspicion fell on a pet dog which had a discharging ear.

Only in one of the three single cases occurring in July, August and November was it possible to identify the organism—*Salmonella typhimurium* being found in the faeces of the affected child.

**Ice Cream.**—The number of makers of ice cream was reduced to ten (28 in 1950) and the vendors increased to 309. The majority of vendors sold their ice cream pre-packed.

It is gratifying to report a definite improvement in the results of the bacteriological examinations particularly when the unsatisfactory results and worry of former years are recalled.

123 samples submitted for bacteriological examination gave the following results.

Methylene Blue Test	No.	Pre-packed	From Bulk	Faecal B. Coli present	Non-faecal B. Coli present	Made in Grimsby	Made outside Borough
Grade I	113	58	55	—	6 (bulk) 6 (Prepacked)	48	65
Grade II	5	4	1	1 (Prepacked)	2 (bulk)	1	4
Grade III	5	5	—	1 (Prepacked)	1 (Prepacked)	1	4
Grade IV	—	—	—	—	—	—	—
Totals	123	67	56	2	15	50	73

13.8% of all samples contained B.Coli (1950—34% and 1949—44%) 4% of all samples were in Grades III and IV (1950—14.2% and 1949—37.6%).

On the finding of faecal B.Coli in prepacked ice cream (which had been made in London) the local authority concerned was informed. It was reported that the ice cream factory was undergoing re-construction—samples of the same firm's ice cream taken later were all satisfactory.

**Samples of Food and Drugs.**—239 samples (33 formal and 206 informal) were submitted for examination by the Public Analyst in 1951 and 29 (12.1%) were found to be unsatisfactory.

The 210 genuine samples included :—

ale 1, almond paste 1, aspirin tablets 2, baking powder 2, beef sausages 16, bicarbonate of soda 1, butter 2, calcium lactate tablets 1, chicken in jelly 1, cider vinegar 1, cod liver oil 1, cod liver oil emulsion 1, coffee 2, condensed milk 1, cough mixture 1, curd 2, diabetic lime juice cordial 1, doughnuts 1, dried milk 4, epsom salts 2, fish cakes 5, gelatine powder 2, ginger marmalade 1, glycerine 2, golden eye ointment 1, ground almonds 2, ice cream 21, ice lollies 5, lard 2, lemon curd 1, malt vinegar 2, margarine 2, milk 79, mincemeat 5, oatmeal stout 1, olive oil 1, orange curd 1, orange squash 1, Parrishes chemical food 1, peas (tinned) 1, peanut butter 1, pears 1, pepper 2, pork pie 1, pork sausages 2, potted meat 2, raspberry jam 1, saccharine tablets 2, salad cream 1, salicylic acid ointment 1, salted cod 1, sherry 1, smoked fish 1, sodium citrate tablets 1, synthetic cream powder 1, table jelly 1, table jelly crystals 1, thyroid tablets 1, tomato ketchup 2, tomato sauce 1, tincture of iodine 2, wheatmeal 1 and wine 1.

The unsatisfactory samples were :—

*Sausages.* Deficiencies in meat content of 10 samples of beef sausages varied from 38.7% to 49.2%.

4 samples of pork sausages were also deficient in meat. The greatest deficiency being 15%.

The facts were reported to the Health Committee and the Ministry of Food but court proceedings were not authorised.

*Milk.* 7 samples of fat deficiencies ranging from 52% to 8.6%.

Subsequent "appeal to cow" samples revealed that supplies had not been properly bulked on the farm before despatch to retail vendor.

One informal sample contained only 8.46% non-fatty solids.

Official sample taken later proved satisfactory.

*Ice Cream.* One informal sample was 8% deficient in milk fat. Vendor was warned and subsequent samples complied with standards.

*Tea seed oil.* The public Analyst described two samples as of a "suspicious" character, but no definite adulterant could be detected.

*Golden Eye Ointment.* One informal sample had a 0.25% excess of yellow mercuric oxide. Formal sample taken later was genuine.

*Pepper* (informal). Sample contained wheat flour, pepper and turmeric and should have been sold as "pepper compound." Vendor at the taking of a formal sample declared it to be a compound.

*Wine.* An official sample of Ruby British Wine (Port Style) had a slight deficiency of proof spirit. This wine was supplied already bottled by a London firm, consequently the City of London Food and Drugs Officer was informed.

*Liquorice and Chlorodyne Substitute.* A formal sample was reported by the Public Analyst to contain 0.052% of morphine. The Pharmaceutical Society was informed as a breach of Section 11 of the Pharmacy and Medicine Act 1941 was alleged. The vendor's analyst's findings conflicted with those of the Public Analyst and consequently by agreement of all the parties concerned the third part was submitted for an examination by an independent analyst. Court proceedings were later withdrawn.

**Public Health (Condensed) Milk Regulations and (Dried) Milk Regulations.**—The results of chemical and bacteriological examinations of one tin of milk and four samples of dried milk proved to be satisfactory.

**Public Health Preservatives etc. in Food Regulations.**—All the samples of food were examined for the presence of preservatives and there was no breach of the regulations.

**Chemical Analyses.**—The public Analyst, Mr. Hugh Childs, B.Sc., F.R.I.C., was responsible for this work.

**Bacteriological, histological and biological examinations.**—These were all made at the Department of Pathology attached to the Grimsby group of hospitals under the direction of Dr. Frank Hampson.

**Fertilisers and Feeding Stuffs.**—The results of the analyses of 6 samples of fertilisers and 3 samples of feeding stuffs submitted by the Agricultural Analyst (Mr. H. Childs) are set out below :—

- |   |   |
|---|---|
| 1 Mineral super phosphate<br>(Inspector's sample) | — contained excess phosphoric acid<br>but not to prejudice of purchaser.                              |
| 1 Muriate of Potash<br>(Inspector's sample)       | — 13% deficiency of potash of guaranteed amount.<br>Official sample not taken—stock had been cleared. |
| 2 compound fertilisers,                           | — all satisfactory.   |
| 1 nitrate of soda and                             |   |
| 1 steamed bone meal.                              |   |
| 2 white fish meal                                 | — satisfactory.   |
| 1 dairy feeding nuts<br>(Inspector's sample)      | — 4.3% albuminoid deficiency of amount guaranteed.  |

## VIII—SCHOOL HEALTH SERVICE.

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## Report of the School Medical Officer.

### FOR THE YEAR 1951.

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TO THE CHAIRMAN AND MEMBERS OF THE EDUCATION COMMITTEE.

I have pleasure in presenting my twelfth annual report in respect of the school health service for 1951.

The health of the school population remains very satisfactory and there have been no serious epidemics.

With the exception of the superintendent health visitor and the superintendent district nurse, the nursing and clerical staffs of the health service and the school health service remain entirely separate. Apart from several of the large cities Grimsby is one of the few remaining county boroughs where this state of affairs still holds, and it has three great disadvantages: (1) it mitigates against the chances of promotion of both nursing and clerical staff; (2) it adds one more to the number of persons who may visit the home, as when there are children of two age groups in the family unit; and (3) the school nursing staff while doing their best are not imbued with the preventive outlook as much as they should be because of the lack of health visitor training.

During the year the consultant ophthalmologist working in the school clinic under the Regional Hospital Board has made up all the leeway in this service.

The child guidance clinic goes on from strength to strength and is slowly gaining the confidence of parents and the medical profession, although unfortunately the speech therapist is leaving to take up another appointment.

Despite the long waiting list for ear, nose and throat cases at the hospital it has been possible to have the really urgent cases treated with little delay.

Dr. J. W. Brown continues his rheumatic and cardiac clinic associated with the school health service, although the number of new cases continues to diminish,



For the first time on record no scabies was found during routine medical inspection in 1951, and ringworm was also conspicuous by its absence.

The arbitration award for assistant medical officers was unfortunately a compromise, and bore no relation to the prospect of earnings in other branches of medical work with the same degree of seniority, and the Danckwert's award has finally ruled out the prospect of any new recruits. On the other hand the position in regard to the school dental service is different. With the alterations made by the Treasury in the remuneration for private dental practice under Part IV of the National Health Service Act, the education department has received several offers from local dentists to give full-time or part-time service in the clinics of the local authority, and it seems possible that in course of time the volume of work done will return to its previous level.

For the first time there is a prospect of mass radiography being available for the benefit of school leavers. The school health service in addition gives all possible assistance to the juvenile employment department when the time comes for the placing of school leavers in industry.

The audiometry service has now settled down to a steady career of usefulness.

I again wish to thank the Chairman and members of the Education Welfare Sub-Committee for the keen interest displayed in the work, and to the Director and his staff and to the head teachers for their unstinting co-operation.

JAMES A. KERR,

School Medical Officer.

Health Department,  
St. James House,  
Bargate, Grimsby.

July, 1952.

## GRIMSBY EDUCATION COMMITTEE.

*Chairman*—COUNCILLOR H. D. MITCHELL.

*Deputy-Chairman*—COUNCILLOR R. BATESON.

DIRECTOR OF EDUCATION—

DR. R. E. RICHARDSON, M.Sc.

## EDUCATION WELFARE SUB-COMMITTEE.

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*Deputy-Chairman*—COUNCILLOR C. W. CLOW.

THE MAYOR—ALDERMAN J. A. WEBSTER, J.P.

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„ R. GILLIATT,	Mr. K. R. SMITH,
„ C. W. JAKES, J.P.	Miss P. MILLER.
„ A. W. KENNINGTON,	

## STAFF OF SCHOOL HEALTH SERVICE.

MEDICAL OFFICER OF HEALTH AND SCHOOL MEDICAL OFFICER—  
JAMES A. KERR, V.R.D., B.Sc., M.D., D.P.H.

ASSISTANT SCHOOL MEDICAL OFFICERS—

P. I. ATKINSON, M.B.

Miss G. K. BIRCHENOUGH, M.R.C.S., L.R.C.P., D.P.H.

J. G. J. COGHILL, M.B., Ch.B., (appointed July 1st, 1951)

SENIOR DENTAL OFFICER—

D. W. HUNT, L.D.S., R.C.S. (ENG).

SCHOOL NURSES—

Miss C. M. LORD, (*Superintendent*).

*Nurses*—A. ABBEY, H. M. SCARLETT, A. C. NICHOLSON,  
F. J. WYATT, J. MARSH, E. HEWSON, M. WALMSLEY (appointed  
15th October, 1951).

*Part-time Nurses*—S. CHAPMAN (resigned July 1951), M. MAULTBY.

DENTAL STAFF—

Miss R. HENFREY, Mrs. O. BABINGTON, Miss M. BALDRY  
(transferred to the Education Office temporarily, April 1951).

CLERICAL STAFF—

Miss A. ROBERTS, Miss J. ROBINSON, Miss L. BAILEY (resigned  
July, 1951), Miss S. BRIGGS (appointed August, 1951).

MENTAL WELFARE VISITOR—

Miss E. M. WOULD.

**Sanitary arrangements in schools.**—Since last year's improvements there has been no further progress in meeting the inadequacies in sanitary accommodation mentioned in the report following the full sanitary survey in 1948.

**Staff.**—Mrs. S. Chapman left the service of the Education Authority in July, 1951.

Mrs. M. Walmsley was appointed as School Nurse on 10th September, 1951.

Miss L. Bailey resigned from the clerical staff in the school clinic on 4th August, 1951.

Miss S. Briggs was appointed as records clerk on 7th August, 1951.

We are fortunate in retaining Mrs. Moore's voluntary services. As a member of the British Red Cross Society her help is of the greatest assistance for two mornings weekly in the school clinic.

#### FINDINGS OF MEDICAL INSPECTIONS.

The number of children on the register at 1st April, 1951, was 14,155, an increase of 179 since last year.

**Nutrition.**—The average nutrition of school children was maintained at a satisfactory level throughout the year. Classification of those medically inspected was made under the designation—"General Condition". From the inspector's point of view this seems to have the advantage of emphasising that the assessment is not of the physique of the child but of its actual well-being at the time of examination.

"General Condition" is assessed under the headings A 'good', B 'fair' and C 'poor'. Of the 4,144 children who were medically inspected during the year 2,273 or 54.9% were classified 'A'. 1,829 or 44.1% were classified 'B', and 42 or 1.0% were classified 'C'.

The percentage of category A has dropped somewhat as compared with 1950.

Nutritional surveys were made in all the schools in the town on one or more occasions during the year.

At the end of the year 3,617 children were paying for school dinners, and 417 children were receiving them free. The total of school children drinking school milk was 11,896 each day.

**Uncleanliness.**—The total inspections of school children during 1951 was 40,311. The number found to be unclean was 2,177.

At routine school medical inspections 45 children out of 4,144 examined showed evidence of louse infestation.

One hundred and eleven necessitous children were supplied with clothing to a total value of £342.

**Diseases of the Skin.**—The incidence of scabies and all skin diseases found at routine medical inspections during the last six years is found in the accompanying table.

	ROUTINE MEDICAL INSPECTIONS Incidence per 1,000 inspections.					
	1946	1947	1948	1949	1950	1951
All skin diseases ..	10.1	10.65	12.3	20.5	5.4	13.3
Scabies .. ..	2.7	2.4	2.1	0.83	0.67	0.0

A further table shows the number of cases of the chief infectious skin diseases seen by the medical officer and treated at the school clinic during the same six years.

Disease.	1946	1947	1948	1949	1950	1951
Ringworm (scalp)	3	—	4	2	—	—
Ringworm (body)	10	4	5	1	—	—
Scabies .. ..	188	73	61	41	3	—
Impetigo .. ..	21	20	20	38	24	34

**Minor Ailments Clinic.**—The figures for attendance at the school clinic during 1951 were as follows:—

*Total Attendances*—17,520.

*Special Inspections*—1,315. (cases seen by the Medical Officer).

*Re-Inspections*—3,864. (cases seen at the clinic).

1,604 were dealt with by one or other of the nurses in attendance, and not seen by the Medical Officer.

**Defects of Vision and Diseases of the Eye.**—Refraction clinics were held on Tuesday afternoons, weekly, throughout the year by Dr. E. Hainsworth, visiting ophthalmologist to the authority. Out of a total of 495 attendances 327 children (of which 231 were new cases) had refraction



carried out; 267 had glasses prescribed, and 254 obtained glasses. In addition 8 cases of eye-disease were referred from the school clinic during the year.

The drop in the number of spectacles provided as compared with 1950 has not been as marked as expected. In 1950 the number of glasses provided at this clinic was 325.

**Diseases of the Ear, Nose and Throat.**—Mr. Spencer Harrison held a special clinic every fourth Wednesday in order to see all cases referred by the local authority, at the Grimsby General Hospital. The most urgent cases were not kept waiting but were referred separately.

*Nose and Throat defects.*—The number of cases found at routine and special inspections to require treatment was 269. These were classified as follows:—

Chronic tonsillitis	..	..	..	24
Adenoids only	..	..	..	4
Chronic tonsillitis and adenoids	..			87
Other conditions	..	..	..	154

The nasal hygiene clinic continued to be held daily throughout the year under the supervision of the senior clinic nurse (Miss Abbey). Successful conditions were obtained in all types of cases showing catarrhal conditions of the nose and throat. The number of children treated was 262, and total attendances were 2,500. Sixty-two children (1,018 attendances) have had diastolisation treatment. In addition a further 105 children were treated for otorrhoea and chronic otitis media, making an attendance of 1,376.

*Group Audiometry.*—A weekly clinic was held at Burgess Street for purposes of examining cases of defective hearing referred by Miss Scarlett. Group audiometry as carried out in the Grimsby schools is progressing fairly satisfactorily. Accommodation provided by the schools for these sessions varies considerably, partly due to overcrowding. Defective children are referred to the school medical officer where they are given a thorough examination, and subsequent to this clinic grossly defective cases are selected and sent to the Grimsby General Hospital for Mr. Spencer Harrison's opinion and treatment. These cases are treated, or hearing-aids supplied, and/or recommended for special educative treatment at residential special schools for the deaf and partially-deaf.

Mr. Spencer Harrison has expressed his appreciation of the work done by this department, and has found the cases referred of great interest.

The figures for all cases seen by Mr. Spencer Harrison, Dr. Atkinson and Miss Scarlett, are tabulated below :—

Total number of children tested	..	1,583
Number of cases retested	.. ..	198
„ „ defective cases	.. ..	61
„ „ cases referred to school clinic	.. ..	59
„ „ cases discharged N.A.D.		2
„ „ cases treated at the clinic		11
Total number of cases referred to Mr. Spencer Harrison	.. ..	25
Total number of cases for observation		13
Total number of cases of non-attendance	.. ..	8

**Heart Diseases and Rheumatism.**—9 clinics have been held by Dr. Brown, the Consultant Physician for these diseases. 96 cases (of which 37 were new) made a total of 138 attendances. Of the 37 new cases, 16 were children notified as having contracted scarlet fever from April to October 1950.

**Handicapped Pupils and School Health Regulations, 1945.**—34 children were reported to the local mental health authority during the year ending 31st December 1951. All except one, who has not yet left school, were placed under statutory supervision and one of them was also admitted to the occupation centre. 2 required admission under a Place of Safety Order and one child left the district.

25 children were referred for examination through the year, and of these 2 were placed in the dull and backward category; one child is attending a special school for spastics; 10 were found to be educationally subnormal and 2 were considered to be incapable of benefiting by education within the school system; 5 were not subnormal and 5 were awaiting examination at the end of the year.

**Infectious diseases.**—No school or department was closed on account of communicable disease during the year.

*Scarlet fever.*—The number of cases notified in children of school age was 40, compared with 75 in 1950.

*Measles.*—344 cases were notified amongst school children, as against 662 the previous year.

*Whooping cough*.—One hundred and ninety-four cases were reported in children of school age (119 in 1950).

*Chicken pox*.—548 cases were notified, compared with 743 the previous year.

*Diphtheria*.—5 cases occurred in school children. No cases were notified in 1950.

*Tuberculosis*.—Thirty children of school age were notified under the Public Health (Tuberculosis) Regulations, and of these 21 were classified as pulmonary and 9 as non-pulmonary. The previous year accounted for only 12 new cases.

*Protection against Diphtheria*.—During the year 1,181 children under five years of age and 92 children of school age completed the series of inoculations for diphtheria immunisation. Reinforcing injections were given to 734 school children in order to raise their immunity during their school life.

**Employment Certificates**.—161 certificates were issued to school children who were engaged in particular employment after school hours.

### SPEECH THERAPY.

Following is the report of Miss B. A. Brunton, Speech Therapist.

This report covers the twelve months from January to December, 1951, and is the second annual report. 47 cases were awaiting treatment at the end of 1950. All of these cases had been dealt with at the end of 1951. 54 cases attending treatment during 1950 were dealt with during 1951. Therefore, the total number of cases current at the end of 1950 and dealt with during 1951 was 101.

*Cases referred during the period January to December, 1951.*

50 cases were referred during the period. Of these 30 had been dealt with before the end of the year, so that 20 cases remained on the waiting list at the end of December. Details are given in Table I.

TABLE I.

Current cases receiving treatment ..	10	
Cases closed, unsuitable for speech therapy .. 1.. ..	13	
Cases closed, complete .. ..	1	
Cases closed, unco-operative .. ..	3	
Cases closed, Lindsey referrals .. ..	3	30
<hr/>		
Current cases, awaiting treatment after initial interview .. ..	17	
Current cases, awaiting initial interview ..	3	20
<hr/>		
		50
<hr/>		

The above table shows that three children living in the Lindsey area were referred. The position regarding these cases is unsatisfactory, as the only speech therapist in the Lindsey area is at Lincoln. Parents would find it almost impossible to travel to Lincoln each week with a young child. In each of the above three cases the mother and child attended for one diagnostic interview. The parent was advised how to help the child at home. One child was referred to the Educational Psychologist, and he is now attending for play sessions.

Table II shows the sources of referral of the 50 cases.

TABLE II.

Referred by Head Teachers	..	..	..	30
Referred by Parents	..	..	..	4
Referred by Medical or Child Welfare Services through School Medical Officer, Medical Officer of Health or School Dentist	..	..	..	13
Referred by L.E.A.	..	..	..	—
Referred by Ear, Nose and Throat Specialist, Grimsby and District Hospital	..	..	..	2
Referred by Senior Medical Officer of the Grimsby and District Hospital	..	..	..	1
				—
				50
				==

In Table III cases have been grouped according to age at the date of referral and further grouped between types of schools.

TABLE III.

2 but not 3		2	
3 but not 4	PRE-SCHOOL	1	
4 but not 5		3	6
		—	
5 but not 6	INFANT SCHOOL	19	
6 but not 7		10	29
		—	
7 but not 8		5	
8 but not 9	JUNIOR SCHOOL	2	
9 but not 10		1	
10 but not 11		4	12
		—	
11 but not 12	SECONDARY SCHOOL	2	
12 but not 13		1	3
		—	
			50
			==

Three times as many boys as girls have been referred.



TABLE IV.

Boys 37: Girls 13: Total 50.

TABLE V.

*(Cases grouped into reasons given for referral)*

<i>Reason for Referral</i>	<i>Girls</i>	<i>Boys</i>	<i>Total.</i>
Retarded speech development	1	4	5
Dyslalia .. .. .	5	16	21
Stammer .. .. .	5	8	13
Cleft Palate .. .. .	—	2	2
Hyperrhinophonia .. .. .	—	2	2
Hyporhinophonia .. .. .	1	2	3
Deafness .. .. .	—	1	1
Spastics .. .. .	—	1	1
Dysphasia .. .. .	1	—	1
Dyslalia and stammer .. .. .	—	1	1
			<hr/> 50 <hr/>

The total number of cases dealt with during 1951 is given in Table VI.

TABLE VI.

	<i>Referred in 1949</i>	<i>Referred in 1950</i>	<i>Referred in 1951</i>	<i>Total</i>
	51	50	30	131
Number waiting .. —	—	—	20	20
				<hr/> 151 <hr/>

The total number of cases which have been referred since the opening of the speech clinic in September, 1949, is 211.

Table VII indicates how the 131 cases have been dealt with.

TABLE VII.

	<i>Referred in 1949</i>	<i>Referred in 1950</i>	<i>Referred in 1951</i>	<i>Total</i>
Cases closed treatment complete	16	16	1	33
Cases closed, treatment incomplete	12	9	6	27
Cases closed, unsuitable for speech therapy .. —	—	—	13	13
Cases current at end of December, 1951 .. .. .	23	25	10	58
	<hr/> 51 <hr/>	<hr/> 50 <hr/>	<hr/> 30 <hr/>	<hr/> 131 <hr/>

Additionally, four cases closed in 1950 are being periodically followed up.

Reasons for the discharge of 27 cases with treatment incomplete are as follows:—

TABLE VIII.

Unco-operative	..	..	..	..	19
Left district	..	..	..	..	1
Special Schools	..	..	..	..	2
Lindsey cases	..	..	..	..	4
Mentally retarded	..	..	..	..	1
					—
					27
					==

Of the 19 cases discharged as unco-operative, 5 did not attend an initial interview, although three appointments were made in each case. Six attended for the initial interview but did not attend for treatment. Each of these cases had been on the waiting list for a considerable period. Eight cases attended for treatment for a time and then stopped attending of their own accord.

The co-operation and appreciation of many parents has been most gratifying and encouraging. Without co-operation from the parents and the patient, results will not be achieved. Regular attendance, and where necessary, regular practice at home, are essential for success. Treatment in some cases has continued over two years. This is quite normal for speech therapy, especially with very difficult cases. For example, with cleft palate children the therapeutic approach must always be very gradual. The habit of defective speech must be overcome and at the same time the correct way of speaking is being learned. Only by regular everyday practice will this succeed.

Ideally, a child should receive speech therapy each day or every other day. Owing to the time away from school, distances to be travelled and numbers to be seen, this is unfortunately not possible.

The 33 cases discharged with treatment complete were made up as is shown in Table IX.

TABLE IX.

<i>Defect</i>	<i>Girls</i>	<i>Boys</i>	<i>Total</i>
Dyslalia .. .. .	5	17	22
Retarded Speech Development	3	3	6
Deafness .. .. .	1	—	1
Stammer .. .. .	—	3	3
Cleft Palate .. .. .	—	—	—
Hyporhinophonia .. ..	1	—	1
			—
			33
			==

The number of attendances made during the year was about . . . . .	1,530
The number of school visits was . . . . .	12
The number of home visits was . . . . .	11

Mental assessments are sometimes necessary in order to assist diagnosis and prognosis of a speech defect. The Educational Psychologist has always been very willing to help in this respect, and I should like to thank him for his generous co-operation and advice. It is also desired to thank the Director of Education, the Medical Officer of Health and the Ear, Nose and Throat Specialist for their co-operation.

### Handicapped and Sub-Normal Children.—The following cases were dealt with during the year :—

Name.	Date of Birth.	Disability.	Special School.	Admitted.	Left.
Lewis, Joan A.	25. 1.40.	Blind.	Yorkshire School for the Blind, York.	24. 11.51.	
Cooper, Maureen	24.12.40.	Deaf.	Yorkshire School for the Deaf, Doncaster.	9. 1.51.	
Robinson, Chris.	6. 9.44.	"	" " "	20. 9.51.	
Palmer, John	26.12.38.	E.S.N.	St. Christopher's Special School, Lincoln.	3. 4.51.	
Blakeney, Brian	18. 1.39.	"	" " "	4. 9.51.	
Colvin, Peter	22.12.40.	Delicate.	Children's Convalescent Home, West Kirby.	14. 8.51.	
Thompson, Avril	16. 2.38.	E.S.N.	Seacroft Special School, Skegness.	8. 1.51.	
Evans, Michael	17. 7.41.	Part-sighted	Exhall Grange Special School.	15. 1.51.	
Rushby, Frederick	6. 4.38.	Phys. Handicap	" " "	10. 9.51.	
Rushby, Thomas	8. 2.40.	"	" " "	"	
Hall, Stephen	17.10.41.	Maladjusted	Holly House Hostel.	9. 4.51.	

### The following cases previously dealt with were still a responsibility of the Education Committee :—

Name.	Date of Birth	Disability.	Special School.	Admitted.	Left.
Browning, Michael	16. 2.41.	Blind.	Sheffield School for the Blind.	29. 4.50.	
Hutchinson, R.	26. 4.38.	"	Yorkshire School for the Blind, York.	26. 6.50.	
Cotter, Elizabeth	24. 4.37.	Deaf.	St. John's Institute, Boston Spa.	28. 8.42	



The following cases previously dealt with were still a responsibility of the Education Committee :—

Name.	Date of Birth.	Disability.	Special School.	Admitted.	Left.
Bensley, Beryl	3.10.44.	Deaf.	Yorkshire School for Deaf, Doncaster.	15. 9.49.	
Paddison, Maureen	26. 8.44.	"	" " " "	15. 9.49.	
Gresham, Sheila	30. 3.40.	"	" " " "	22.10.45.	
Hardy, Brian	1. 3.39.	"	" " " "	14. 1.47.	
Mogg, Pauline	22. 8.36.	"	" " " "	22. 9.43.	
Mogg, Barbara	"	"	" " " "	"	
Evans, Richard	12. 9.39.	"	" " " "	20. 4.48.	
Parkin, Shirley	16.11.34.	Epileptic.	Maghull Homes (Epileptics), Liverpool.	19. 4.47.	
Cross, Barbara	7. 8.36.	Delicate.	Oakbank Open-Air School, Sevenoaks.	22. 1.46.	15. 5.51
Avison, Eileen	7.10.38.	E.S.N.	Seacroft Special School, Skegness.	2. 6.50.	
Cummings, Peter	17. 9.36.	"	St. Francis Residential School, Birmingham.	26. 1.49.	
Walden, David	11. 5.36.	"	Beacon Residential School, Lichfield.	1. 4.46.	
Campling, James	3. 3.35.	"	St. Christopher's Special School, Lincoln.	17.11.47.	21. 3.51
Goodwin, James	18.12.36.	"	" " " "	9. 9.47.	
Stones, Albert	6. 4.36.	"	" " " "	29. 9.47.	
Deakins, David	12.12.36.	"	" " " "	9. 1.50.	
Leyland, Roy	24. 6.35.	"	" " " "	"	26. 7.51
Mitchell, Edward	23.12.38.	"	" " " "	4. 9.50.	
Hardy, George	5. 4.37.	"	" " " "	4. 9.50.	

## CHILD GUIDANCE SERVICE.

Dr. C. H. Jackson, Educational Psychologist, presents the following report:—

This report covers the 12 months from January to December 1951, and is the fourth report on the work of the service.

Numbers in the several categories are comparatively small and considerable caution should be used in drawing any inferences. In form the report follows closely that of previous years to facilitate comparisons being made.

All tabulated figures concern only cases referred during 1951 except those in tables 8 and 9, which include cases referred in previous years if dealt with during 1951.

### Part One—Statistical.

127 cases were referred during the year. 116 of these had been seen during the year. 11 cases were waiting initial appointments at the end of December. Detailed figures are given in Table One.

TABLE I. Cases closed, current and waiting interview.

Cases closed during 1951	.. ..	66
Current on 31st December 1951	.. ..	50
Waiting initial interview	.. ..	11
		<hr/>
		127
		<hr/>

The number of children referred is about that expected on the basis of school population, and is practically unchanged from last year (124).

TABLE II. Referrals grouped by age.

Below 5 years	PRE-SCHOOL	14
5 but not 6	PRIMARY (INFANT)	9
6 but not 7		
	SCHOOL.	7
7 but not 8	PRIMARY (JUNIOR)	12
8 but not 9		13
9 but not 10		7
10 but not 11		16
11 but not 12	SECONDARY SCHOOL	17
12 but not 13		7
13 but not 14		10
14 but not 15		10
Above 15 years		5
		<hr/>
		127
		<hr/>

8 of the Secondary School children attended Secondary Grammar Schools. 6 children referred were attending Private Schools.

The increasing number of pre-school children was commented upon in the report of last year. The increase has continued. 60% of all children seen were below 11 years of age. There is a slight drop in referrals from Infant Schools.

Early referral has always been encouraged. Most problems of the pre-school child respond fairly quickly to modification in handling. This not only arrests maladjustment, but prevents more serious problems occurring later and facilitates adaptation to school. Many minor problems of the pre-school child, hardly apparent in the domestic circle, loom large when the child has to adapt to the wider community of school. Infant teachers are very aware of this and show great skill in facilitating the adaptation. In cases where the child fails to settle down reasonably satisfactorily after the usual time it is hoped teachers will make early referral and not defer seeking advice because the problem is not unduly serious. Educationally it is of great importance that any handicap shall be dealt with as early as possible, so that children may be given fullest opportunity to make the most of their school days. This is specially true of retardation in the basic subjects. Too many children are still being referred for failure to make normal school progress when they are nearing 11, and in some cases when they have passed into the Secondary School. Such cases should be referred much earlier. Handicap in the basic skills can make ineffective a great part of the child's school life, and retardation in a single subject can develop into all-round educational failure.

#### TABLE III. Referral by Sex.

Boys 81; Girls 46; Total 127.

As in previous years about twice as many boys as girls have been referred. The constancy of this proportion, which is common in child guidance work, is well illustrated by figures obtained during the past  $3\frac{1}{2}$  years. From July 1948 to December 1951, 573 children have been referred. Of this total 390 have been boys and 183 girls.

#### TABLE IV. Reasons given for referral.

Mental or personality assessment .. ..	41
Difficult behaviour .. ..	24
Failure to make school progress .. ..	22
Educational guidance .. ..	15
Emotional problems .. ..	9
Habit disorders .. ..	7
Anti-social or delinquent conduct .. ..	7
Unclassified—various .. ..	2
	<hr/>
	127
	<hr/>

There has been a marked rise in the proportion of children referred for mental or personality assessment. This is largely due to increased referrals by the Speech Therapist. Fewer children have been referred for anti-social and delinquent conduct this year than last year, very few Court cases having been dealt with. This is commented upon later in considering sources of referral. There has also been a decrease in referrals for emotional problems as forecast in the report of last year. Otherwise proportions in the various categories remain practically unchanged from last year.

TABLE V. Sources of Referrals.

L.E.A. Officers: through Director or Speech	
Therapist .. .. .	34
Schools: through Head Teacher .. ..	34
Parents: direct or through school .. ..	23
Medical or Child Welfare Services: through	
Medical Officer of Health or School	
Medical Officer .. .. .	16
Family doctors or Medical Specialists ..	13
Children's Department or Court: through	
Children's Officer or Medical Officer of	
Health .. .. .	4
Clergy and Church Bodies .. .. .	3
	<hr/>
	127
	<hr/>

In two categories marked increases have occurred as compared with last year: family doctors and L.E.A. Officers. The increased referrals made by L.E.A. Officers is almost wholly due to increased referrals by the Speech Therapist. There has been a considerable decrease in the number of children referred through the Children's Officer and Medical Officer of Health owing to new arrangements having been made for children appearing before the Juvenile Court in respect of whom a Special Examination is requested. It appears to be a National policy fairly recently formulated that Consultant Psychiatrists to the Regional Hospital Boards should be the Psychiatrists for Court and Remand Home work where a psychiatrist has not been specifically appointed for this purpose. With rare exception these children are therefore now dealt with under National Health Service facilities.

An increasing number of parents are seeking general advice on the needs and normal development of children, and guidance in planning their children's education. It is probable that some of the referrals in the first category of table five have also originated in this way. Such referrals are considered specially valuable. Clearing up small problems



whilst they are small, avoiding confusion of phases of normal development with abnormal behaviour, and wise educational planning which balances demand and capacity can do much to further community mental health and avoid need for serious psychiatric treatment later. The preventive and educational aspects of child guidance have frequently been stressed in previous reports.

TABLE VI. Intelligence level of referrals.

*Intelligence Quotient.*

below 50	..	..	..	..	9
50-59	..	..	..	..	3
60-69	..	..	..	..	6
70-79	..	..	..	..	10
80-89	..	..	..	..	15
90-99	..	..	..	..	13
100-109	..	..	..	..	11
110-119	..	..	..	..	16
120-129	..	..	..	..	10
130-139	..	..	..	..	7
140-149	..	..	..	..	1
not tested	..	..	..	..	26
					<hr/> 127 <hr/>

Intelligence Quotients given are in nearly all cases those obtained on the Revised Stanford-Binet Scale, except that in a few cases more appropriate scales have been employed, e.g. children with certain handicaps, older children of high intellectual ability and pre-school infants.

On the whole, referrals have been satisfactory from the point of view of mental ability. Nearly 60% of the children seen were of average or better than average mental ability.

The 26 children referred to as "not tested" fall into this category for the following reasons:—

Waiting initial interview	..	..	..	11
Did not accept appointments	..	..	..	4
Problems cleared before interview arranged	..	..	..	4
Advice to parents only	..	..	..	3
Testing deferred for psychological reasons	..	..	..	2
Not accepted for treatment	..	..	..	1
Transferred directly to more appropriate treatment	..	..	..	1
				<hr/> 26 <hr/>

In two cases testing was deferred because it was apparent that no reliable results were likely to be obtained until the child had attended a large number of play sessions. These children were so frightened, inhibited or suspicious that it would have been impossible to distinguish refusal of response from inability to respond. One case was not accepted for treatment as it was apparent after preliminary interview that no useful purpose could be served. In making such a decision the guiding principle is that successful treatment involves some measure of capacity for change of attitude in the personalities involved and/or modification of environmental factors; also that adults and child should have a certain minimum level of understanding. In some cases, where problems cleared up before interview was arranged, this was because the adults concerned had taken thought in the matter whilst waiting appointment. Their decision to seek help was a turning point in their own outlook on the problem. A problem which was previously felt only as a conflict of wills was now considered on a more mature level of understanding, and all-round re-adjustment occurred spontaneously. Many brief treatment cases (recorded in table seven as "diagnosis and advice") were substantially of the same nature, though in these cases the problem required some talking through and discussion before it became clear, and changed attitudes resulted.

TABLE VII. Reasons for closure of cases.

1. Diagnosis: followed by Report, recommendation or advice .. .. .	41
2. Treatment concluded: and closed ..	9
3. Diagnosis or treatment concluded: and transferred to other treatment (medical speech therapy, etc.) .. ..	4
4. Did not accept appointments .. ..	4
5. Problems cleared before interview ..	4
6. Not accepted for treatment .. ..	1
7. Unco-operative during treatment .. ..	2
8. Transferred directly to more appropriate treatment .. .. .	1
	<hr/>
	66
	<hr/>

Two changes have been made from the form adopted in the report of last year in drawing up this table. Cases closed but requiring long-term supervision or follow-up have been omitted, because it has been found administratively more convenient to retain these cases among current files. Cases transferred directly to other treatment after only initial interview have been separated from those transferred

only after full diagnostic work and some psychological treatment have been concluded. The result is that rather fewer cases are regarded as closed than last year (66 against 70) despite the greater number of cases seen.

These changes enable a clearer picture of the current case load to be obtained. The current case load must take account of cases from previous years which were not closed on 31st December 1950, i.e. cases waiting initial appointment at that date and those which were still under treatment then and so were carried into the current year.

TABLE VIII. Current cases from previous years dealt with during 1951.

Seen during 1950 and still current on 31.12.51.	40
Waiting initial interview on 31.12.50	14
	—
	54
	==

Of these 54 cases 23 were closed during the current year. The 31 which remained current at 31st December 1951 were mainly supervision and follow-up (17) and more serious psychiatric cases requiring prolonged treatment (9).

TABLE IX. Composition of current case load on 31.12.1951

Carried forward from previous years (treatment)	14
Carried forward from previous years (follow-up)	17
Referred in 1951 and still being dealt with	50
Awaiting initial appointment	11
	—
	92
	==

This compares with a total current case load of 67 cases at the corresponding period of last year.

TABLE X. Analysis of interviews made during the year.

Child interviews	remedial teaching	433
	psychological	309
	play sessions	270
	psychiatric	56
Parent interview	psychological	282
	psychiatric	51
	social work	26
School and other contacts	psychologist	105
	social worker	8
	social worker	78
Home visits	psychologist	2

Practically all these figures are larger than the corresponding figures for last year, because of the larger number of cases seen this year. The following analysis, however, indicates no change in trend.

	1951	1950
Psychological .. ..	60%	53%
Remedial Teaching .. ..	26%	27%
Psychiatric .. ..	7%	7%
Social Work .. ..	7%	13%
Child Interview .. ..	66%	63%
Parent and other interviews	34%	37%

Despite the increased remedial teaching work undertaken in the schools during the present year, which will be referred to later, educational work continues to be the largest single item of table ten. The apparent decrease in social work and increase in psychological work reflects only staffing problems, and is not connected with any change in the nature of referrals or method of treatment of cases. The fact that the proportion of psychiatric work remains constant does not necessarily indicate that psychiatric needs are fully met at present. It is more probable that available psychiatric time is fully absorbed.

### Part Two—General.

In May 1951 the Centre lost the services of Miss J. W. Hedges, who resigned her appointment as Social Worker to take up a post in the South. Miss G. W. Jennison was appointed in November 1951 to fill the vacancy created.

The Centre was therefore without this important member of a child guidance team for six months. Fortunately part of this period coincided with the summer holidays of the schools. Nevertheless a considerable amount of extra work fell on the rest of the staff.

In the absence of a Social Worker, parent interviews were shared by the psychiatrist and psychologist. All initial case work history was undertaken by the psychologist. This in part accounts for the increased number of interviews with parents undertaken by the psychologist.

The Consultant Psychiatrist, Dr. J. B. Goodlad, was absent through illness for some weeks during the summer and autumn, and is still absent at the date of this report. It is desired to express the hope that he may soon again be fit, and the Centre once more enjoy the considerable help he has always given.



At the time of his absence, the case load of Dr. Goodlad was considerably more than should normally be carried by a Consultant able to give only one session weekly. Actually he was carrying 15 current cases, 2 new cases were waiting to be seen, and 13 were being supervised by occasional follow-up. Supportive work has been done with some of these cases by the psychologist, so that the position should not deteriorate; but all are essentially psychiatric cases and must await psychiatric treatment. This accounts in some measure for the increased number of interviews with children undertaken by the psychologist during the year.

Towards the end of the year, Dr. F. J. S. Esher, Regional Psychiatrist, visited the Centre, and through the courtesy of the Sheffield Regional Hospital Board undertook consultations and interviews with specially urgent cases to assist in the serious position which arose owing to no regular psychiatric help being available. It is desired to thank the Board and Dr. Esher for this generous assistance, which Dr. Esher gave at considerable personal inconvenience having to travel from Sheffield to Grimsby on each occasion.

Dr. Esher has expressed the hope that in the future the Sheffield Regional Hospital Board may be able to offer increased psychiatric help on behalf of children seen at the Centre. Two kinds of help are needed, direct work with children and work with parents who need skilled help in handling relationships which have gone wrong. Often the primary source lies in the emotional problems of the parents themselves. Some cases are referred every year in which work with the parents is practically the only psychiatric need, though the child may require some other form of help. From one point of view, these are hardly child guidance cases. On the other hand it is certain they will become so if the parents cannot obtain help. All living is an education and adjustment, and living in close association with mal-adjusted personalities is one road to maladjustment. This is specially so in cases where maladjustment of parents shows as constant irritability and inconsistent behaviour, inability to play a normal parental role and general over-anxiety. Such personality disturbances in the parents prevent them giving their children normal affection, and in extreme cases lead to rejection of their children.

It is desired to thank the Speech Therapist for her generous co-operation in cases where disability of speech was associated with reading difficulties.

During the year 15 individual talks on problems of child development, training and education were given to

parents and teachers at the invitation of local bodies and associations, and a lecture course was arranged under the auspices of University College, Hull.

Some additional testing material was purchased during the year. The most important addition was an individual scale for assessment of general ability covering an age range of 5-16 years. This scale is specially useful because it permits separate assessments to be made on verbal and performance items as well as a single assessment based on the entire scale. It therefore gives a more meaningful diagnostic picture, and is specially valuable in cases of children who appear to have severe specific disabilities in particular spheres of mental function.

There is still a gap in performance type of testing material for younger children. It was hoped to fill this gap during the year, but the heavy incidence of purchase tax and need for economy made it necessary to defer purchase.

Children's library facilities were developed during the year in connection with remedial work. It has always been recognised that it is insufficient merely to give children the basic skill of reading. The remedial teacher must ensure permanent results by encouraging the child to acquire a taste for reading which will continue afterwards. The library habit is good training for the future, and the children's appreciation is shown by the fact that some children who were once remedial cases and have long since been discharged, return periodically in their own time to borrow books. Some 280 volumes were issued during the year.

Quite a few parents whose children have been seen in previous years, and finally discharged as satisfactorily adjusted have returned for one or more interviews for advice in connection with their other children. This not only enables much preventive work to be done, but enables follow-up enquiries to be made of closed cases in the least time consuming way. A good deal more of such informal follow-up work was done during the year. In all cases closed as satisfactory, such follow-up has endorsed this opinion.

The year's work has given an impression of increasing awareness by teachers, parents and others concerned with children's health and education of the ordinary needs of children, the normal phases of their development and important facts bearing on their well-being. There is still need for a great deal more to be done in this way. Series of short well planned courses aimed at increasing understanding about the needs, development and learning processes of children could contribute greatly to preventive mental health work and enhanced educational progress.

### DENTAL SERVICE.

Mr. Donald W. Hunt, L.D.S., R.C.S. (Eng.), senior dental officer, presents the following report:—

I have again the privilege of compiling an annual report on the dental services provided by the County Borough of Grimsby under the provisions of the Education Act 1944 and the National Health Service Act, 1946.

The year 1951 has seen no material change in the position of the public dental service in the borough, there has been no recruitment to the professional staff and again there has been but one full time dental officer to cope with the needs of "priority classes" amounting to some twenty thousand persons.

This absurd situation has now existed for three consecutive years and is a model of the general situation throughout the country. No effective steps have yet been taken on a national level to restore the public dental service to something of its former efficiency, and future events are probably a matter for the individual imagination. However that may be, measures introduced now will have come too late to have much general effect for some years to come; and an area such as Grimsby, being a considerable distance from any dental teaching hospital, may expect to recruit additional staff somewhat later than other communities.

Some resignation to existing conditions would therefore seem to be inevitable, and during the year under review certain changes in the service have been made in order to make the best use of available resources on a long term basis. Although as yet incomplete they already show valuable results in the statistical table on page 93. For the first time since 1947 the number of children afforded routine dental inspection and conservative treatment has been in excess of those attending at the clinic as "casuals" seeking the relief of pain.

The local authority has decided that the depleted school dental service can no longer maintain "open house" for the treatment of all cases of toothache. In previous years this work has excluded all attempts to undertake even a limited amount of routine inspection and conservative treatment, and has only been possible by the undesirable practice of one dental officer acting both as operator and anaesthetist for much of the time.

In future the dental officer will only undertake the emergency treatment of children in pain when the services of another qualified person to act as anaesthetist are also avail-

able. At present this amounts to two half-day sessions each week. No question of hardship need arise from this decision as the national health service is available to all without charge, and there are more than twenty private dental practitioners in the area from whom those in pain may also receive treatment.

It has also been decided that so far as possible all children in schools maintained by the local authority will be inspected at regular intervals, and the parents advised as to the need or otherwise of any dental treatment. Unfortunately it will not be possible to offer treatment at the school clinic to all those so inspected; but again there is no reason why this should not be obtained under the national health service, as both public dental officers and private practitioners agree on the need to concentrate the efforts of an undermanned profession on the needs of the "priority classes".

Within the limits of the staff available treatment at the clinic will be offered to children with dental sepsis of a degree affecting their general health, to children in the early stages of dental conditions likely to lead to complete loss of teeth, and to certain cases of a specialised pedodontic nature. It is hoped that these measures will make the best use of the extremely limited resources remaining to the school dental service.

The nation-wide shortage of public dental Officers has resulted in the experimental training of certain people to undertake some of the work at present only performed legally by the fully qualified surgeon, and to work with him and under his direction. During the year under review an "oral hygienist" was appointed to the staff, an oral hygienist being a person specially trained in the instruction of children on the care of their own mouths and able to scale and clean teeth to render them in a fit state for the maintenance of effective personal hygiene.

We were unfortunate, however, in that the services of the lady appointed were lost to us before she had any chance to contribute effectively to the work of the clinics; the circumstances being such as to emphasise the value of routine chest X-rays for all those appointed to health and education services, and to cause some astonishment that she had not been so examined in the first instance by the Ministry of Health who were responsible for her selection and training.

Other classes of ancillary dental workers are contemplated, including school dental nurses able to extract and fill teeth within certain limits, but their value is highly controversial and they will certainly not be available in any number for many years to come.



The maternity and child welfare dental service has continued on the same scale as in previous years; but somewhat fewer expectant and nursing mothers were treated, and more toddlers attended at the clinic. The total number of maternity and child welfare patients remained more or less unchanged.

All dental work is now undertaken at the Hope Street clinic with the exception of X-rays, for which the equipment at Watkin Street is used. The dental surgery at Watkin Street has been closed altogether and its equipment sold, as the latter was found to be suffering severely from lack of use and the effect of dampness.

In conclusion I would like to express my thanks to the Committee for their help and advice throughout the year, to Mr. L. N. Alley, Mr. T. H. Felton, and Dr. F. M. MacDonagh for their invaluable assistance as anaesthetists, and to my clinic staff for their loyal co-operation in difficult times.

### PHYSICAL EDUCATION.

Report by Mr. L. G. Connell-Smith, B.A., Organiser of Physical Education.

The present year has been one of progressive development in this phase of education, particularly in the primary schools.

The achievement of greater informality of method and the stimulation of individual effort, characteristic of educational development as a whole, have been the first aims in the Courses and Demonstrations arranged for teachers throughout the period, and the use of a greater variety of small apparatus has added considerably to the enjoyment, interest and activity of the Physical Education lesson and given to it an added purpose.

A set of "Essex Apparatus" has been introduced very successfully into a primary junior school and demonstrated at a teachers' course, and several of the primary infant and junior schools of the Borough have now been supplied with apparatus of this type. It is to be hoped that some form of large climbing and heaving apparatus will be introduced into all primary departments to make a valuable and necessary addition to their Physical Education.

Much can be and has been achieved by thoughtful improvisation of apparatus. Quantities of tins of varying sizes, wooden boxes, stilts, bean-bags, bricks and small

jumping canes have been collected or made at school. Many new exercises have been evolved through observing the children at "free practice". An endeavour has been made to depart from the old "P.T." or "Drill" in four lines, which in its symmetry and uniformity was pleasing to the eye but was often uninteresting and uninspiring to the performer, and to replace it by a scheme which will give the individual a chance not only to achieve a strong and flexible body but through activity to develop the ordinary thought processes, such as perception, memory, imagination, judgment and reasoning; a feeling of adequacy and belief in himself; and good standards of conduct and social behaviour as well as of high character.

In addition to the normal physical training activities, the scheme for primary schools has included "Music and Movement," Folk Dancing, Games and Swimming. Several junior schools have organised their own Athletic Sports Meetings on a "House" basis, and all have taken part in the Football Leagues, Swimming competitions and Inter-Schools Athletic Sports Meeting sponsored by the Schools' Sports Association.

A comprehensive scheme of Physical Education for secondary schools must aim at providing experience in a wide variety of activity, including Gymnastics, Major and Minor Games, Athletics and Cross-Country Running, Folk Dancing, Swimming and Life-Saving, and Boxing and Wrestling. This has been the object of the work during the last twelve months, and where lack of large portable and fixed apparatus has limited opportunity, stick-work and medicine-ball work have been introduced to add variety and purpose to the lesson.

Whenever possible, work has been taken in the open air and the value of changing into suitable clothing and footwear stressed. In the majority of secondary schools indoor accommodation has been far from adequate for the size of classes, and the lack of playing fields, particularly in the West Marsh area, a severe check on the full development of a satisfactory scheme. In spite of these handicaps, facilities for the playing of field games on playing fields have been provided in some measure for all secondary schools and for a number of older children at primary schools. The generous provision for playing fields made by the Authority in its Development Plan and the fully-equipped gymnasias with store-rooms, lockers, changing facilities and shower-baths will be a great boon in the future.

The general standard of Swimming has continued to improve, and the growing interest in Life-Saving has been

noted with satisfaction. Instruction has been given throughout the year in the two baths available which are fully used by primary and secondary schools during the day and by Youth Organisations and Swimming Clubs each evening. The voluntary organisations have used the swimming facilities to the full, and much valuable work has been accomplished in Swimming and Life-Saving to supplement results achieved during the school day.

The value of Visual Aids to supplement demonstrations of teaching method and material has not been overlooked in the Courses and Demonstrations arranged for secondary schools. Photographs, charts and films on Athletics, Swimming, Cricket and Physical Training have been shown, and many schools have acquired film-strip projectors together with a supply of films related to this subject.

Books on various aspects of Physical Education have been added to class and school libraries and are among those most frequently borrowed.

Reference must be made to the valuable contribution made by the Schools' Sports Association. The voluntary services rendered by the Association, providing for so many and such varied sporting activities, are of great value and significance in the education of the children, and the appreciation of all is due to those concerned with the promotion of such activities. The Association has concerned itself with promoting activities for girls as well as for boys and has been able, in some slight measure, to make up for the lack of a woman Organiser devoting her time specifically to the Physical Education of girls. The Committee are anxious to make this most necessary appointment when a suitable candidate presents herself.

In conclusion, my sincere thanks are due to the Chairman and Members of the Education Committee and to the Director of Education for their generous help and support, and to the members of the School Medical Staff, Head Teachers and staffs generally for their continued help and co-operation.

TABLE I.

Medical Inspection of pupils attending Maintained Primary  
and Secondary Schools (Including Special Schools).

A.—PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed Groups.						
Entrants	..	..	..	..	..	1,874
Second Age Group	..	..	..	..	..	1,157
Third Age Group	..	..	..	..	..	980
Total						4,011
Number of other Periodic Inspections						133
Grand Total						4,144

B.—OTHER INSPECTIONS.

Number of Special Inspections	..	..	..	1,315
Number of Re-Inspections	..	..	..	3,864
Total				5,179

C.—PUPILS FOUND TO REQUIRE TREATMENT.

Number of Individual pupils found at periodic Medical Inspection to  
require treatment (excluding Dental Diseases and Infestation with  
Vermin).

Group (1)	For defective vision (excluding squint). (2)	For any of the other conditions recorded in Table II A. (3)	Total individual pupils. (4)
Entrants ..	8	306	296
Second age group	70	119	187
Third age group	70	79	144
Total (prescribed groups) ..	148	504	627
Other Periodic Inspections ..	8	21	27
Grand Total ..	156	525	654



TABLE II.

A.—Return of Defects Found by Medical Inspection in the Year Ended 31st December, 1951.

Defect Code No.	Defect or Disease	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of Defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin .. ..	55	64	285	—
5	Eyes— <i>a.</i> Vision ..	156	131	59	—
	<i>b.</i> Squint ..	21	103	5	—
	<i>c.</i> Other ..	1	17	76	—
6	Ears— <i>a.</i> Hearing ..	14	21	13	—
	<i>b.</i> Otitis Media ..	11	10	67	—
	<i>c.</i> Other ..	9	9	21	—
7	Nose or Throat ..	174	489	95	—
8	Speech .. ..	11	25	3	—
9	Cervical Glands ..	4	205	1	—
10	Heart and Circulation ..	23	51	74	—
11	Lungs .. ..	33	94	58	—
12	Developmental				
	<i>a.</i> Hernia ..	8	4	—	—
	<i>b.</i> Other ..	5	30	2	—
13	Orthopaedic—				
	<i>a.</i> Posture ..	5	16	4	—
	<i>b.</i> Flat foot ..	10	40	3	—
	<i>c.</i> Other ..	16	81	18	—
14	Nervous system—				
	<i>a.</i> Epilepsy ..	1	3	4	—
	<i>b.</i> Other ..	35	25	75	—
15	Psychological—				
	<i>a.</i> Development ..	2	45	6	—
	<i>b.</i> Stability ..	2	10	—	—
16	Other .. ..	9	21	446	—

B.—Classification of the general condition of pupils inspected during the year in the age groups.

Age Groups	Number of Pupils Inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants .. ..	1,874	972	51.9	879	46.9	23	1.2
Second Age Group ..	1,157	648	56.0	499	43.1	10	0.9
Third Age Group ..	980	541	55.2	430	43.9	9	0.9
Other Periodic Inspections ..	133	112	84.2	21	15.8	—	—
Total	4,144	2,273	54.9	1,829	44.1	42	1.0

**TABLE III.****Infestation with vermin.**

(i) Total number of examinations in the schools by the school nurses or other authorized persons .. ..	1,283
(ii) Total number of individual pupils examined .. ..	40,311
(iii) Total number of individual pupils found to be infested .. ..	2,177
(iv) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2), Education Act, 1944) ..	—
(v) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3), Education Act, 1944) ..	—

**TABLE IV.****GROUP 1.—DISEASES OF THE SKIN** (excluding Uncleanliness, for which see Table III).

				Number of cases treated or under treatment during the year	
				by the Authority	otherwise
Ringworm—(i) Scalp .. ..	...	...	...	—	—
(ii) Body .. ..	...	...	...	—	—
Scabies .. ..	...	...	...	—	—
Impetigo .. ..	...	...	...	34	1
Other skin diseases .. ..	...	...	...	251	10
Total .. ..	...	...	...	285	11

**GROUP 2.—EYE DISEASES, DEFECTIVE VISION AND SQUINT.**

				Number of cases dealt with	
				by the Authority	otherwise
External and other, excluding errors of refraction and squint .. ..	...	...	...	8	23
Errors of Refraction (including squint) .. ..	...	...	...	327*	1,221
Total .. ..	...	...	...	335	1,244
Number of pupils for whom spectacles were— (a) Prescribed .. ..	...	...	...	267*	1,034
(b) Obtained .. ..	...	...	...	254*	934

\*Including cases dealt with under arrangements with the Supplementary Ophthalmic Services.

**GROUP 3. DISEASES AND DEFECTS OF EAR, NOSE AND THROAT.**

	Number of cases treated	
	by the Authority	otherwise
Received operative treatment		
(a) for diseases of the ear	1	3
(b) for adenoids and chronic tonsillitis ... ..	121	233
(c) for other nose and throat conditions ... ..	2	20
Received other forms of treatment	176	—
Total ...	300	256

**GROUP 4.—ORTHOPAEDIC AND POSTURAL DEFECTS.**

(a) Number treated as in-patients in hospitals ... ..	2	34
	By the Authority	Otherwise
(b) Number treated otherwise, <i>e.g.</i> , in clinics or out-patient depts.	44	—

**GROUP 5.—CHILD GUIDANCE TREATMENT.**

	Number of cases treated	
	In the Authority's Child Guidance Clinics	Elsewhere
Number of pupils treated at Child Guidance Clinics ... ..	116	—

**GROUP 6.—SPEECH THERAPY.**

	Number of cases treated	
	by the Authority	Otherwise
Number of pupils treated by Speech Therapists ... ..	131	—

**GROUP 7.—OTHER TREATMENT GIVEN.**

	Number of cases treated	
	by the Authority	Otherwise
(a) Miscellaneous minor ailments	477	63
(b) Other (specify)		
1. Respiratory ... ..	58	9
2. Cardio-Vascular ... ..	74	7
3. Alimentary System ... ..	10	88
4. Central Nervous System ... ..	85	9
5. Genito-Urinary ... ..	15	8
Total ...	719	184

**TABLE V.—Dental inspection and treatment.**

1. Number of pupils inspected by the Authority's Dental Officers—		
(a) Periodic age groups .. .. .		1,944
(b) Specials .. .. .		1,606
Total (1) .. .. .		3,550
2. Number found to require treatment .. .. .		2,782
3. Number referred for treatment .. .. .		2,471
4. Number actually treated .. .. .		2,364
5. Attendances made by pupils for treatment .. .. .		4,365
6. Half-days devoted to—Inspection .. .. .		14
Treatment .. .. .		462
Total (6) .. .. .		476
7. Fillings—Permanent Teeth .. .. .		730
Temporary Teeth .. .. .		46
Total (7) .. .. .		776
8. Number of teeth filled—Permanent Teeth .. .. .		730
Temporary Teeth .. .. .		46
Total (8) .. .. .		776
9. Extractions—Permanent Teeth .. .. .		758
Temporary Teeth .. .. .		2,840
Total (9) .. .. .		3,598
10. Administration of general anaesthetics for extraction ..		1,665
11. Other Operations—Permanent Teeth .. .. .		1,637
Temporary Teeth .. .. .		1,031
Total (11) .. .. .		2,668



# WINTRINGHAM SECONDARY SCHOOL & TECHNICAL SCHOOL.

Return of Defects found in the course of Medical Inspection.

DEFECT.	Wintringham Secondary School				Technical School			
	ROUTINE INSPECTIONS.							
	Referred for Treatment.		Referred for Observation.		Referred for Treatment.		Referred for Observation.	
	BOYS	GIRLS	BOYS	GIRLS	BOYS	GIRLS	BOYS	GIRLS
MALNUTRITION .. .. .	—	—	—	—	—	—	—	—
UNCLEANLINESS .. .. .	—	—	—	—	—	—	—	—
Head .. .. .	—	—	—	—	—	—	—	—
Body .. .. .	—	—	—	—	—	—	—	—
SKIN .. .. .	—	—	—	—	—	—	—	—
Ringworm—Scalp .. .. .	—	—	—	—	—	—	—	—
" Body .. .. .	—	—	—	—	—	—	—	—
Scabies .. .. .	—	—	—	—	—	—	—	—
Impetigo .. .. .	—	—	—	—	—	—	—	—
Other Diseases (non-tuberculous) .. .. .	—	3	—	3	1	—	3	1
EYE .. .. .	—	—	—	—	—	—	—	—
Blepharitis .. .. .	—	1	—	—	—	—	—	—
Conjunctivitis .. .. .	—	—	—	—	—	—	—	—
Keratitis .. .. .	—	—	—	—	—	—	—	—
Corneal Opacities .. .. .	—	—	—	—	—	—	—	—
Other Conditions (excluding defective vision and squint) .. .. .	—	—	—	1	—	—	—	—
Defective Vision (excluding squint) .. .. .	1	7	—	11	—	2	2	5
Squint .. .. .	—	—	—	—	—	—	1	1
EAR .. .. .	—	—	—	—	—	—	—	—
Defective Hearing .. .. .	—	—	—	—	—	—	—	1
Otitis Media .. .. .	—	—	—	—	—	—	—	1
Other Ear Diseases .. .. .	—	—	—	—	—	—	—	—
NOSE AND THROAT .. .. .	—	—	—	—	—	—	—	—
Chronic Tonsillitis only .. .. .	—	—	—	3	—	—	2	1
Adenoids only .. .. .	—	—	—	—	—	—	—	—
Chronic Tonsillitis and Adenoids .. .. .	—	—	—	—	—	—	—	—
Other Conditions (Nasal Catarrh) .. .. .	—	—	—	—	—	—	—	—
Enlarged Cervical Glands (non-tuberculous) .. .. .	—	—	—	2	—	—	1	1
Defective Speech .. .. .	—	—	—	—	—	—	—	—
HEART AND CIRCULATION .. .. .	—	—	—	—	—	—	—	—
Heart Disease :— .. .. .	—	—	—	—	—	—	—	—
Organic .. .. .	—	—	—	—	—	—	—	—
Functional .. .. .	—	—	—	—	—	—	—	2
Anaemia .. .. .	—	3	—	—	—	—	—	—
LUNGS .. .. .	—	—	—	—	—	—	—	—
Bronchitis .. .. .	—	—	—	—	—	—	—	—
Other Non-Tuberculous Diseases .. .. .	—	—	—	—	—	—	—	—
TUBERCULOSIS. .. .. .	—	—	—	—	—	—	—	—
Pulmonary : .. .. .	—	—	—	—	—	—	—	—
Definite .. .. .	—	—	—	—	—	—	—	—
Suspected .. .. .	—	—	—	—	—	—	—	—
Non-Pulmonary : .. .. .	—	—	—	—	—	—	—	—
Glands Obesity .. .. .	—	—	—	2	—	—	—	—
Bones and Joints .. .. .	—	—	—	—	—	—	—	—
Skin .. .. .	—	—	—	—	—	—	—	—
Other Forms .. .. .	—	—	—	—	—	—	—	—
NERVOUS SYSTEM. .. .. .	—	—	—	—	—	—	—	—
Epilepsy .. .. .	—	—	—	—	—	—	—	—
Chorea .. .. .	—	—	—	—	—	—	—	—
Other Conditions .. .. .	—	—	—	—	—	—	—	—
DEFORMITIES ORTHOPÆDIC .. .. .	—	—	—	—	—	—	—	—
Posture .. .. .	—	—	—	—	—	—	—	—
Flat Foot .. .. .	—	—	—	—	—	—	—	1
Other .. .. .	—	—	—	1	—	—	—	2
Other Defects and Diseases .. .. .	—	—	—	—	—	—	—	—
MENTAL DEFICIENCY .. .. .	—	—	—	—	—	—	—	—

## WINTRINGHAM GRAMMAR SCHOOL.

Number of Children Examined (not including Specials).

## AGE GROUPS.

	12	13	14	15	16	17	18
Males	—	1	6	—	—	—	—
Females	—	5	70	2	—	—	—
Total	—	6	76	2	—	—	—

Referred for treatment 15      Reinspections nil.      Specials nil.

Parents present .. 5

Routine medical inspections			Number inspected.	Number req. treatment
Boys at all ages	..	..	7	1
Girls at all ages	..	..	77	14

## TECHNICAL SCHOOL.

The number of children examined at age 14 was 105 (boys 50 and girls 55).

Three were referred for treatment (1 boy and 2 girls).

TABLE 1.—VITAL STATISTICS OF THE WHOLE BOROUGH DURING 1951 AND PREVIOUS YEARS.

## STATISTICAL TABLES.

YEAR	Total Population estimated to middle of each year	BIRTHS			TOTAL DEATHS REGISTERED IN THE DISTRICT		TRANSFERABLE DEATHS		NETT DEATHS BELONGING TO THE DISTRICT			
		Un-corrected Number	Nett		Number	Rate	of Non-residents registered in the District	of Residents not registered in the District	Under 1 Year of Age		At all Ages	
			Number	Rate					Number	Rate per 1,000 Births	Number	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1930	91,440	1745	1745	19.0	1125	12.3	69	44	129	74	1100	12.0
1931	92,280	1634	1650	17.8	1126	12.2	53	37	100	61	1110	12.0
1932	92,250	1584	1652	17.9	1198	12.9	88	48	111	67	1158	12.5
1933	93,090	1608	1671	17.9	1201	12.9	89	48	114	68	1160	12.4
1934	93,700	1738	1738	18.5	1096	11.6	89	32	86	49	1039	11.0
1935	93,900	1656	1621	17.2	1165	12.4	96	45	102	63	1114	11.8
1936	93,690	1677	1677	17.9	1153	12.3	105	30	113	67	1078	11.5
1937	92,760	1514	1516	16.3	1123	12.1	96	40	86	57	1067	11.5
1938	92,320	1628	1613	17.4	1141	12.3	116	29	79	49	1054	11.4
1939	92,230	1576	1563	16.9	1161	12.8	108	51	83	53	1104	12.1
1940	82,560	1501	1558	18.8	1250	15.1	168	55	80	52	1137	13.7
1941	78,680	1398	1403	17.8	1195	15.1	148	61	80	57	1108	14.0
1942	76,800	1500	1506	19.6	1076	14.0	124	58	84	56	1010	13.1
1943	76,460	1529	1539	20.1	1246	16.2	154	52	83	54	1144	14.9
1944	76,150	1745	1752	23.0	1062	13.9	110	49	94	54	1001	13.1
1945	78,030	1714	1686	21.6	1111	14.2	122	47	80	47	1036	13.2
1946	86,340	2121	2118	24.5	1120	12.9	133	41	71	34	1028	11.9
1947	89,190	2154	2183	24.4	1235	13.8	113	53	97	44	1175	13.1
1948	91,060	1892	1911	20.9	1073	11.7	118	36	55	29	991	10.8
1949	91,250	1830	1872	20.5	1282	14.0	203	46	63	34	1125	13.0
1950	93,240	1688	1702	18.2	1222	13.1	224	54	51	29.9	1052	11.9
1951	93,250	1655	1751	18.7	1276	13.6	215	66	60	34.2	1127	12.0

Area of District in acres  
(land and inland  
water)

5,468

Total population at all ages at census of 1951

94,527

TABLE 2. ENGLAND AND WALES AND GRIMSBY, 1937-1951.

## BIRTH RATES.

Year	Number of Births	BIRTH RATE	
		Grimsby	England & Wales
1937	1516	16.3	14.9
1938	1613	17.4	15.1
1939	1563	16.9	15.0
1940	1558	18.8	14.6
1941	1403	17.8	14.2
1942	1506	19.6	15.8
1943	1539	20.1	16.5
1944	1752	23.0	17.7
1945	1686	21.6	16.1
1946	2118	24.5	19.1
1947	2183	24.4	20.5
1948	1911	20.9	17.9
1949	1872	20.5	16.7
1950	1702	18.2	15.8
1951	1751	18.7	15.5

TABLE 3. ENGLAND AND WALES AND GRIMSBY, 1937-1951.

## DEATH RATES.

Year	Nett Deaths	GRIMSBY		England and Wales Death Rate
		Crude Death Rate	Adjusted Death Rate	
1937	1067	11.5	12.3	12.4
1938	1054	11.4	12.2	11.6
1939	1104	12.1	13.0	12.1
1940	1137	13.7	14.4	14.3
1941	1108	14.0	*	12.9
1942	1010	13.1	*	11.6
1943	1144	14.9	*	12.1
1944	1001	13.1	*	11.6
1945	1036	13.2	*	11.4
1946	1028	11.9	*	11.5
1947	1175	13.1	*	12.0
1948	911	10.8	*	10.8
1949	1125	12.3	13.0	11.7
1950	1052	11.2	11.9	11.6
1951	1127	12.0	12.6	12.5

\* Area comparability factor suspended by Registrar General.



TABLE 4.—CASES OF INFECTIOUS DISEASES NOTIFIED DURING THE YEAR 1951.

NOTIFIABLE DISEASE.	Number of Cases notified												Total Cases notified in each Ward of the Borough.														
	At Ages—Years.												Alexandra	Central.	Cle.	Coates.	Hainton	Humber.	North-East.	Scartho.	South.	South-West.	Victoria.	Wellington.	Weelsby.	Wellow.	
	At all ages.	Under 1.	1 to 2.	2 to 3.	3 to 4.	4 to 5.	5 to 10.	10 to 15.	15 to 20.	20 to 35.	35 to 45.	45 to 65.															65 & upwards.
Scarlet Fever ..	65	—	—	2	7	11	33	7	1	3	1	—	—	1	9	1	4	2	—	1	31	6	—	5	3	1	20
Diphtheria (including Membranous Croup) ..	10	—	—	1	—	—	2	3	2	1	1	—	—	1	1	8	—	—	—	—	—	—	—	—	—	—	10
Enteric Fever ..	1	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
*Acute Pneumonia ..	29	1	2	—	1	2	3	2	3	1	3	5	6	1	6	3	3	1	1	4	1	1	—	3	4	1	2
Meningococcal Infection ..	2	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Acute Poliomyelitis ..	1	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Dysentery ..	3	1	1	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	2	1	2	1	—	—	—	—	1
Ophthalmia Neonatorum ..	14	14	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2	4	8	4	2	2	3	1	3	1	19
Puerperal Pyrexia ..	28	—	—	—	—	—	—	—	—	24	4	—	—	1	1	4	1	—	—	—	—	—	—	—	—	—	1
Erysipelas ..	5	—	—	—	—	—	—	—	—	1	—	2	2	—	1	—	1	—	1	1	—	—	—	—	—	—	1
Chicken Pox ..	926	39	54	68	78	105	498	50	13	19	1	1	—	71	28	49	35	23	260	108	39	65	112	33	8	8	
Measles ..	1332	66	213	216	230	254	336	8	2	6	1	—	—	82	25	68	230	120	338	31	53	156	39	29	10	10	
Whooping Cough ..	602	47	81	88	95	96	190	4	1	—	—	—	—	90	8	34	65	33	171	19	15	24	67	28	9	9	
Acute Rheumatism ..	9	—	—	—	1	—	7	1	—	—	—	—	—	2	—	1	—	1	9	2	—	—	—	1	1	6	
Food Poisoning ..	11	—	1	—	1	—	—	—	—	—	—	3	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—
Totals ..	3038	169	351	376	413	471	1069	76	22	61	10	12	8	139	65	162	349	181	828	172	112	257	231	94	91†	91†	

\* 9 of these cases were influenzal pneumonia.

† All cases were treated in Springfield Hospital except the following :—  
 Grimsby General Hospital. Puerperal pyrexia 2 ; acute rheumatism 3  
 Scartho Road Infirmary. Pneumonia 2 ; Acute rheumatism 3.

TABLE 5.—CAUSES OF AND AGES AT DEATH DURING THE YEAR 1951.

Causes of Death	Nett Deaths at the Subjoined ages of "Residents" whether occurring within or without the District.													Total Deaths whether of "Residents" or "Non-Residents" in Institutions in the District
	All Ages.			Under 1 year	1 and under 2.	2 and under 5.	5 and under 15.	15 and under 25.	25 and under 45.	45 and under 65.	65 and under 75.	75 and up w'ds		
	Total.	Males	Females											
ALL CAUSES { Certified .. { Uncertified ..	1127	577	550	60	2	6	8	12	63	270	287	419	607	
Tuberculosis, respiratory ... ..	48	36	12	...	...	...	...	3	18	18	7	2	23	
Tuberculosis, other ... ..	7	4	3	...	...	2	1	1	1	1	...	1	6	
Syphilitic disease ... ..	5	4	1	...	...	...	...	...	1	2	2	...	3	
Scarlet fever ... ..	1	1	...	...	...	...	1	...	...	...	...	...	1	
Diphtheria ... ..	1	1	...	...	...	...	1	...	...	...	...	...	1	
Whooping cough ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	
Meningococcal infections ... ..	...	...	...	...	...	...	...	...	...	...	...	...	1	
Acute poliomyelitis ... ..	...	...	...	...	...	...	...	...	...	...	...	...	1	
Measles ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	
Other infective and parasitic diseases ... ..	...	...	...	...	...	...	...	...	...	...	...	...	...	
Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues ... ..	165	91	74	...	...	1	...	4	5	62	56	37	111	
Benign and unspecified neoplasms	2	1	1	...	...	...	...	...	1	1	...	...	2	
Diabetes ... ..	11	...	11	...	...	...	1	...	1	3	3	3	8	
Anaemias ... ..	6	2	4	...	...	...	...	...	...	1	1	4	3	
Vascular lesions of nervous system	156	69	87	...	...	...	...	...	2	28	51	75	66	
Nonmeningococcal meningitis ...	1	1	...	...	...	...	...	...	1	...	...	...	1	
Chronic rheumatic heart disease ...	14	7	7	...	...	...	...	...	2	8	4	...	10	
Arteriosclerotic and degenerative heart disease ... ..	261	130	131	...	...	...	...	...	5	47	84	125	83	
Other diseases of heart ... ..	15	8	7	...	...	...	...	...	3	7	2	3	11	
Hypertension with heart disease	33	14	19	...	...	...	...	...	...	10	9	14	23	
Hypertension without mention of heart ... ..	6	3	3	...	...	...	...	...	...	1	3	2	2	
Influenza ... ..	20	13	7	...	...	1	...	...	1	8	6	4	1	
Pneumonia ... ..	53	25	28	6	1	...	...	...	2	8	14	22	48	
Bronchitis ... ..	61	35	26	2	...	...	...	...	1	13	16	29	15	
Ulcer of stomach and duodenum	12	8	4	...	...	...	...	...	1	8	2	1	13	
Appendicitis ... ..	...	...	...	...	...	...	...	...	...	...	...	...	2	
Intestinal obstruction and hernia	7	4	3	...	...	...	...	...	...	4	2	1	7	
Gastritis, enteritis and diarrhoea	7	3	4	4	...	...	...	...	...	2	1	...	5	
Cirrhosis of liver ... ..	2	...	2	...	...	...	...	...	...	1	...	1	4	
Nephritis and nephrosis ... ..	24	12	12	...	...	...	1	...	5	10	5	3	20	
Hyperplasia of prostate ... ..	5	5	...	...	...	...	...	...	...	1	...	4	5	
Pregnancy, childbirth, abortion ...	...	...	...	...	...	...	...	...	...	...	...	...	1	
Congenital malformations ... ..	18	9	9	14	...	...	1	1	2	...	...	...	11	
Birth injuries, postnatal asphyxia and atelectasis ... ..	22	8	14	22	...	...	...	...	...	...	...	...	20	
Infections of the newborn ... ..	1	...	1	1	...	...	...	...	...	...	...	...	1	
Other diseases peculiar to early infancy, and immaturity unqualified. ... ..	8	5	3	8	...	...	...	...	...	...	...	...	5	
Senility, ill-defined and unknown causes ... ..	62	26	36	...	...	...	...	...	...	...	5	57	16	
All other diseases ... ..	35	17	18	1	1	...	...	1	3	10	9	10	34	
Motor vehicle accidents ... ..	9	7	2	...	...	...	2	...	2	2	...	3	10	
All other accidents ... ..	38	21	17	2	...	2	...	1	5	7	4	17	33	
Suicide ... ..	11	7	4	...	...	...	...	1	1	7	1	1	...	
TOTALS ... ..	1127	577	550	60	2	6	8	12	63	270	287	419	607	

TABLE 6.—INFANTILE MORTALITY DURING THE YEAR 1951  
 Nett Deaths from stated causes at various Ages under 1 Year of Age.

CAUSES OF DEATH.				Under 1 week	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	1-3 Months.	3-6 Months.	6-9 Months.	9-12 Months.	Total Deaths under 1 year
ALL CAUSES	Certified	..	..	36	2	1	..	39	11	6	3	1	60
	Uncertified	..	..	..	..	..	..	..	..	..	..	..	..
Measles .. .. .				..	..	..	..	..	..	..	..	..	..
Whooping Cough .. .. .				..	..	..	..	..	..	..	..	..	..
Diphtheria .. .. .				..	..	..	..	..	..	..	..	..	..
Influenza .. .. .				..	..	..	..	..	..	..	..	..	..
Tuberculosis of Nervous System .. .. .				..	..	..	..	..	..	..	..	..	..
Tuberculosis of Intestines and Peritoneum .. .. .				..	..	..	..	..	..	..	..	..	..
Other Tuberculous Diseases .. .. .				..	..	..	..	..	..	..	..	..	..
Syphilis .. .. .				..	..	..	..	..	..	..	..	..	..
Meningitis .. .. .				..	..	..	..	..	..	..	..	..	..
Convulsions .. .. .				..	..	..	..	..	..	..	..	..	..
Bronchitis .. .. .				..	..	..	..	..	1	..	..	1	2
Pneumonia .. .. .				..	..	..	..	..	3	1	2	..	6
Other Respiratory Diseases .. .. .				..	..	..	..	..	..	..	..	..	..
Inflammation of the Stomach .. .. .				..	..	..	..	..	..	..	..	..	..
Diarrhoea and Enteritis .. .. .				..	..	..	..	..	3	2	..	..	5
Hernia, Intestinal Obstruction .. .. .				..	..	..	..	..	..	..	..	..	..
Congenital Malformations .. .. .				7	1	1	..	9	2	2	1	..	14
Congenital Debility and Sclerema .. .. .				..	..	..	..	..	1	..	..	..	1
Icterus .. .. .				3	..	..	..	3	..	..	..	..	3
Premature Birth .. .. .				4	..	..	..	4	..	..	..	..	4
Injury at Birth .. .. .				5	..	..	..	5	..	..	..	..	5
Disease of Umbilicus .. .. .				..	..	..	..	..	..	..	..	..	..
Atelectasis .. .. .				17	1	..	..	18	..	..	..	..	18
Suffocation—in bed or not stated how .. .. .				..	..	..	..	..	1	1	..	..	2
Other causes .. .. .				..	..	..	..	..	..	..	..	..	..
Totals .. .. .				36	2	1	..	39	11	6	3	1	60

## Live Births in the year—

	Male	Female	Total
Legitimate .. .. .	829	803	1632
Illegitimate .. .. .	63	56	119
Totals ..	892	859	1,751

## Nett Deaths in the year—

	Male	Female	Total
.. .. .	28	29	57
.. .. .	1	2	3
Totals ..	29	31	60

TABLE 7.

BIRTH-RATES, DEATH-RATES, ANALYSIS OF MORTALITY, MATERNAL MORTALITY  
AND CASE-RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1951.

(Provisional figures based on Quarterly Returns).

	ENGLAND and WALES.	126 County Boroughs and Great Towns including London.	148 Smaller Townships (Resident population 25,000 to 50,000 at 1931 Census).	London Administra- tive County.	GRIMSBY, C.B.
Rates per 1,000 Home population.					
<i>Births :—</i>					
Live .. .. .	15.5	17.3	16.7	17.8	18.7
Still .. .. .	0.36	0.45	0.38	0.37	0.43
<i>Deaths :—</i>					
All causes .. .. .	125	13.04	12.5	13.1	12.6
Typhoid & Paratyphoid	0.00	0.00	0.00	—	0.00
Whooping cough .. .. .	0.01	0.01	0.01	0.01	0.00
Diphtheria .. .. .	0.00	0.00	0.00	0.00	0.01
Tuberculosis .. .. .	0.31	0.37	0.31	0.38	0.58
Influenza .. .. .	0.38	0.36	0.38	0.23	0.21
Small-pox .. .. .	0.00	0.00	0.00	—	—
Acute Poliomyelitis and Polioencephalitis .. .. .	0.00	0.01	0.01	0.00	0.00
Pneumonia .. .. .	0.61	0.65	0.63	0.61	0.56
<i>Notifications (corrected) :—</i>					
Typhoid fever .. .. .	0.00	0.00	0.00	0.01	0.01
Paratyphoid fever .. .. .	0.02	0.03	0.02	0.01	—
Meningococcal infection	0.03	0.04	0.03	0.03	0.02
Scarlet fever .. .. .	1.11	1.20	1.20	1.10	0.69
Whooping cough .. .. .	3.87	3.62	4.00	3.11	6.45
Diphtheria .. .. .	0.02	0.02	0.03	0.01	0.10
Erysipelas .. .. .	0.14	0.15	0.12	0.15	0.05
Small-pox .. .. .	0.00	0.00	0.00	—	—
Measles .. .. .	14.07	13.93	14.82	14.64	14.28
Pneumonia .. .. .	0.99	1.04	0.96	0.72	0.31
Acute Poliomyelitis (in- cluding Polioencephalitis)					
Paralytic .. .. .	0.03	0.03	0.03	0.02	0.01
Non-paralytic .. .. .	0.02	0.02	0.03	0.02	—
Food poisoning .. .. .	0.13	0.15	0.08	0.23	0.11
Rates per 1,000 Live Births.					
Deaths under 1 year of age	29.6	33.9	27.6	26.4	34.2
Deaths from Diarrhoea and Enteritis under 2 years of age .. .. .	1.4	1.6	1.0	0.7	2.8
Rates per 1,000 Total Births (Live and Still).					
<i>Notifications (corrected) :—</i>					
Puerperal fever .. .. .	10.66	13.77	8.08	14.90	15.6
Puerperal pyrexia .. .. .					
<i>Maternal Mortality :—</i>	0.79				—



TABLE 8.—GRIMSBY.

TABULATION BY AGE, SEX AND CLINICAL CLASSIFICATION OF CASES  
NOTIFIED AS ACUTE RHEUMATISM DURING THE YEAR, 1951.

Clinical Classification of Case Notified.	Age in Years.								Total all ages		Total both sexes
	0—4		5—9		10—14		15 over				
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	
1. Rheumatic Pains and/or Arthritis without heart disease	—	1	1	2	1	—	—	—	2	3	5
2. Rheumatic Heart Disease (Active).											
(a) with polyarthritis	—	—	—	1	—	—	—	—	—	1	1
(b) with chorea	—	—	1	—	—	—	—	—	1	—	1
3. Rheumatic Heart Disease (Quiescent)	—	—	—	—	—	—	—	—	—	—	—
4. Rheumatic Chorea (alone)	—	—	1	—	—	—	—	—	1	—	1
TOTAL Rheumatic cases	—	1	3	3	1	—	—	—	4	4	8
5. Congenital Heart Disease	—	—	—	—	—	—	—	—	—	—	—
6. Other non-rheumatic Heart disease or disorder	—	—	—	—	—	—	—	—	—	—	—
7. Not rheumatic or cardiac disease	—	—	—	1	—	—	—	—	—	1	1
TOTAL Non-Rheumatic cases	—	—	—	1	—	—	—	—	—	1	1

TABLE 9—GRIMSBY, 1951.  
TUBERCULOSIS—Age Groups of New Cases and Deaths.

Age Periods.	New Cases.				Deaths.			
	PULMONARY		NON-PULMONARY		PULMONARY		NON-PULMONARY	
	M.	F.	M.	F.	M.	F.	M.	F.
Under 1 year	—	—	—	—	—	—	—	—
1-2 years.	1	1	1	—	—	—	—	—
2-5 years.	5	5	3	—	—	—	2	—
5-10 years.	7	5	3	4	—	—	—	—
10-15 years.	1	8	1	1	—	—	—	1
15-20 years.	4	9	1	2	—	2	—	—
20-25 years.	7	5	2	2	1	—	—	1
25-35 years.	12	11	2	1	7	3	1	—
35-45 years.	7	10	—	—	6	3	—	—
45-55 years.	8	2	—	—	11	—	1	—
55-65 years.	11	1	—	—	5	1	—	—
65-75 years.	5	1	—	—	5	2	—	—
75 and upwards.	—	—	—	—	1	1	—	1
Totals	68	58	13	10	36	12	4	3

TABLE 10—GRIMSBY, 1951.  
TUBERCULOSIS—Ward Distribution of New Cases and Inward Transfers.

Primary notifications.	WARDS.														Totals
	Alex.	Central	Clee	Coates	Hainton	Humber	N-East	Scartho	South	S-West	Victoria	Weelsby	Wellow	Wellington	
<i>Pulmonary—</i>															
Males ... ..	6	9	8	1	6	4	5	1	10	2	2	9	1	4	68
Females ... ..	6	2	6	1	3	3	5	—	20	7	3	1	—	1	58
<i>Non-Pulmonary—</i>															
Males ... ..	—	—	—	—	1	2	—	—	3	—	2	1	2	2	13
Females ... ..	1	—	2	—	—	1	—	2	4	—	—	—	—	—	10
Total ... ..	13	11	16	2	10	10	10	3	37	9	7	11	3	7	149
<i>Inward Transfers.</i>															
<i>Pulmonary—</i>															
Males ... ..	2	—	1	—	—	—	—	—	4	—	1	1	—	—	9
Females ... ..	2	1	1	—	1	—	1	1	3	—	1	2	2	—	15
<i>Non-Pulmonary—</i>															
Males ... ..	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Females ... ..	—	—	1	—	—	1	—	—	—	1	—	—	—	—	3
Total ... ..	4	1	4	—	1	1	1	1	7	1	2	3	2	—	28
Grand Total ...	17	12	20	2	11	11	11	4	44	10	9	14	5	7	177

**TABLE 11—Grimsby, 1951.**

TUBERCULOSIS.—Notifications and Ratio of Non-Notified Deaths  
in each year of the Decennium.

Year.	Total primary notifications.	Notifications per thousand of population.	Ratio of non-notified Deaths.	Ratio of non-notified Deaths.	
				Pulmonary.	Non-Pulmonary
1942	147	1.91	6.5%	4.9%	1.6%
1943	138	1.80	5.6%	4.2%	1.4%
1944	153	2.00	1.8%	1.8%	—
1945	176	2.25	15.8%	14.3%	1.5%
1946	179	2.07	8.9%	8.9%	—
1947	146	1.63	13.8%	7.7%	6.1%
1948	128	1.40	—	—	—
1949	130	1.42	8.3%	8.3%	—
1950	98	1.05	25.8%	25.8%	—
1951	149	1.60	16.3%	12.7%	3.6%

**TABLE 12—England and Wales and Grimsby, 1942—1951.**

Total Tuberculosis death rates in each year of the decennium.

	1942	1943	1944	1945	1946	1947	1948	1949	1950	1951
England and Wales	0.66	0.66	0.62	0.62	0.55	0.54	0.50	0.45	0.36	0.31
Grimsby	0.79	0.93	0.73	0.80	0.64	0.72	0.74	0.52	0.33	0.59

TABLE 13—**FACTORIES ACTS, 1937 and 1948.**

Annual Report of the Medical Officer of Health in respect of the Year 1950 for the County Borough and Port of Grimsby in the County of Lincoln

Prescribed particulars on the administration of the Factories Act, 1937.

**PART I OF THE ACT.**

1—**INSPECTIONS** for purposes of provisions as to health (including inspections made by Sanitary Inspectors.)

Premises	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 & 6 are to be enforced by Local Authorities	590	739	6	—
(ii) Factories not included in (i) in which Section 7 is enforced by the Local Authority	389	416	1	—
(iii) Other Premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises)	26	32	4	—
<b>TOTAL</b>	<b>1,005</b>	<b>1,187</b>	<b>11</b>	<b>—</b>

2—**CASES IN WHICH DEFECTS WERE FOUND.**

(If defects are discovered at the premises on two, three or more separate occasions they should be reckoned as two, three or more "cases").

Particulars	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1) ....	89	82	—	—	—
Overcrowding (S.2) ....	1	—	—	—	—
Unreasonable temperature (S.3) ....	—	—	—	—	—
Inadequate ventilation (S.4) ....	1	—	—	—	—
Ineffective drainage of floors (S.6)	1	3	—	—	—
Sanitary Conveniences (S.7)					
(a) insufficient ....	5	3	—	—	—
(b) Unsuitable or defective ....	11	10	—	—	—
(c) Not separate for sexes ....	6	4	—	—	—
Other offences against the Act (not including offences relating to Outwork)	62	66	—	—	—
TOTAL	176	168	—	—	—



## PART VIII OF THE ACT.

## OUTWORK

(Sections 110 and 111)

Nature of Work	Section 110			Section 111		
	No. of out-workers in August list required by Section 110 (1) (c)	No. of cases of default in sending lists to the Council	No. of prosecutions for failure to supply lists	No. of instances of work in unwholesome premises	Notices served	Prosecutions
Wearing apparel Making, etc. ....	20	—	—	—	—	—
Nets, other than wire nets ....	54	—	—	—	—	—
TOTAL ....	74	—	—	—	—	—

TABLE 14.

## DIPHThERIA IMMUNISATION.

<i>Age at date of completed primary injection.</i>	<i>Total immunised to 31.12.46</i>	1947	1948	1949	1950	1951	<i>Total</i>
Under 1 year ..	16	112	88	74	2	45	Under 5 years
1-2 years ..	546	802	905	846	580	830	
2-3 „ ..	729	158	250	142	93	230	
3-4 „ ..	647	53	67	65	29	41	
4-5 „ ..	668	42	47	24	18	35	
5-6 „ ..	612	34	49	37	19	33	5-10 years
6-7 „ ..	863	41	50	36	9	23	
7-8 „ ..	977	20	25	28	10	11	
8-9 „ ..	1,154	22	16	17	6	7	
9-10 „ ..	1,144	10	27	10	3	8	
10-11 „ ..	1,324	2	10	16	6	2	10-15 years
11-12 „ ..	1,179	9	14	11	8	2	
12-13 „ ..	1,105	1	5	—	4	1	
13-14 „ ..	1,207	3	1	—	—	3	
14-15 „ ..	1,020	3	7	2	—	2	
Children now aged 15 years and over and immunised prior to 31.12.46	4,951	—	—	—	—	—	15 yrs. and over
Totals ..	18,142	1,312	1,561	1,308	787	1,273	24,383



TABLE 15 (1951.) County Borough of Grimsby.		NET DEATHS, i.e., DEATHS ACTUALLY BELONGING TO THE DISTRICT. LOCALITIES.																		AGES.								
MORTALITY.		Alexandra	Central	Clee	Costes	Hainton	Humber	North-East	Scarbro	South	South-West	Victoria	Wellington	Weelsby	Wellow	INSTITUTIONS				Total at all Ages	Under 1 Year	1 and under 2	2 and under 5	5 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and up
																Grimsby General Hospital	Scarbro Infirmary	Springfield Hospital	Other Institutions									
All Causes	Certified .. . . .	45	28	91	9	49	55	34	23	131	31	24	52	91	42	151	227	19	25	1127	60	2	6	8	12	63	270	706
	Uncertified .. . . .	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
Detailed list numbers																												
B 1	Tuberculosis of respiratory system 001-008	1	2	1	1	2	4	—	—	7	1	2	2	7	—	—	5	13	—	48	—	—	—	—	3	18	18	9
B 2	Tuberculosis, other forms 010-019	—	—	—	—	—	—	1	—	—	—	—	—	1	1	—	—	4	—	7	—	—	2	1	1	1	1	
B 3	Syphilis and its sequelae .. 020-029	—	—	1	—	—	1	—	—	—	—	—	—	—	—	2	1	—	—	5	—	—	—	—	—	1	2	2
B 4	Typhoid fever .. . . . 040	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
B 5	Cholera .. . . . 043	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
B 6	Dysentery, all forms .. . . 045-048	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
B 7	Scarlet fever and streptococcal sore throat .. . . . 050, 051	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	1	—	—	—	
B 8	Diphtheria .. . . . 055	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1	—	—	—	1	—	—	—	
B 9	Whooping cough .. . . . 056	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
B 10	Meningococcal infections .. 057	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
B 11	Plague .. . . . 058	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
B 12	Acute poliomyelitis .. . . 080	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
B 13	Smallpox .. . . . 084	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
B 14	Measles .. . . . 085	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
B 15	Typhus and other rickettsial diseases 100-108	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
B 16	Malaria .. . . . 110-117	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
B 17	All other diseases classi- fied as infective and parasitic .. . . . { 030-039; 041, 042 { 044, 049; 052-054 { 059-074; 081-083 { 086-096; 120-138	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	
B 18	Malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissues .. 140-205	9	5	15	1	5	6	8	2	22	1	—	3	15	—	36	37	—	—	165	—	—	1	—	4	5	62	93
B 19	Benign and unspecified neoplasms 210-239	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	1	—	—	2	—	—	—	—	—	1	1	—
B 20	Diabetes mellitus .. . . . 260	—	1	—	—	—	1	—	1	1	—	—	2	1	1	1	2	—	—	11	—	—	—	1	—	1	3	6
B 21	Anaemias .. . . . 290-293	1	—	—	—	—	—	—	—	3	1	—	—	—	—	1	—	—	—	6	—	—	—	—	—	—	1	5
B 22	Vascular lesions affecting central nervous system .. . . . 330-334	13	4	13	1	4	7	1	2	24	7	3	5	14	8	10	40	—	—	156	—	—	—	—	—	2	28	126
B 23	Nonmeningococcal meningitis .. 340	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	1	—	—	—	—	—	1	—	—
B 24	Rheumatic fever .. . . . 400-402	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B 25	Chronic rheumatic heart disease... 410-416	3	1	—	—	1	—	1	1	1	—	—	—	—	2	1	3	—	—	14	—	—	—	—	—	2	8	4
B 26	Arteriosclerotic & degenerative heart disease .. . . . 420-422	9	8	24	2	15	12	13	10	30	7	7	21	17	19	21	46	—	—	261	—	—	—	—	—	5	47	209
B 27	Other diseases of heart .. . . 430-434	—	—	1	—	1	2	—	—	3	1	—	1	1	—	5	—	—	—	15	—	—	—	—	—	3	7	5
B 28	Hypertension with heart disease... 440-443	2	1	2	—	1	1	—	—	3	3	1	—	3	—	3	13	—	—	33	—	—	—	—	—	—	10	23
B 29	Hypertension without mention of heart .. . . . 444-447	—	—	—	—	—	—	—	—	1	—	—	1	1	1	1	1	—	—	6	—	—	—	—	—	—	1	5
B 30	Influenza .. . . . 480-483	1	—	4	—	2	5	1	—	3	—	1	2	—	—	1	—	—	—	20	—	—	1	—	—	1	8	10
B 31	Pneumonia .. . . . 490-493	—	—	1	—	2	4	3	1	2	1	2	1	3	—	5	28	—	—	53	6	1	—	—	—	2	8	36
B 32	Bronchitis .. . . . 500-502	1	3	9	1	6	3	—	1	7	3	4	7	7	3	3	2	—	1	61	2	—	—	—	—	1	13	45
B 33	Ulcer of stomach and duodenum 540, 541	—	—	—	—	—	—	1	—	2	—	—	—	—	—	7	2	—	—	12	—	—	—	—	—	1	8	3
B 34	Appendicitis .. . . . 550-553	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B 35	Intestinal obstruction and hernia 560/1, 570	—	—	—	—	—	—	—	—	—	—	—	1	—	1	4	1	—	—	7	—	—	—	—	—	—	4	3
B 36	Gastritis, duodenitis, enteritis and colitis, except diarrhoea of the newborn .. . . . 543, 571/2	—	—	—	—	—	—	—	—	2	—	—	—	—	—	2	2	—	1	7	4	—	—	—	—	—	2	1
B 37	Cirrhosis of liver .. . . . 581	—	—	1	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	2	—	—	—	—	—	—	1	1
B 38	Nephritis and nephrosis .. . . 590-594	—	—	1	—	—	1	—	—	1	1	2	1	2	—	8	7	—	—	24	—	—	—	1	—	5	10	8
B 39	Hyperplasia of prostate .. . . 610	—	—	—	—	1	1	—	—	—	—	—	1	—	1	1	—	—	—	5	—	—	—	—	—	—	1	4
B 40	Complications of pregnancy, child birth and the puerperium .. { 640-652 { 670-689	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
B 41	Congenital malformations .. 750-759	—	—	4	—	—	—	—	—	2	1	—	—	—	1	1	6	—	3	18	14	—	—	1	1	2	—	—
B 42	Birth injuries, postnatal asphyxia and atelectasis .. . . . 760-762	—	—	1	—	1	1	—	—	—	—	—	2	—	—	1	—	—	16	22	22	—	—	—	—	—	—	—
B 43	Infections of the newborn .. 763-768	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	1	1	—	—	—	—	—	—	—
B 44	Other diseases peculiar to early infancy, and immaturity un- qualified .. . . . 769-776	—	—	1	—	—	1	—	1	1	—	—	—	—	—	—	—	4	8	8	—	—	—	—	—	—	—	—
B 45	Senility without mention of psychosis, ill-defined and un- known causes .. . . . 780-795	2	1	8	1	5	3	1	3	5	2	1	—	12	3	1	14	—	—	62	—	—	—	—	—	—	—	62
B 46	All other diseases .. . . . Residual	—	—	1	—	1	1	1	—	3	1	1	1	3	1	9	12	—	—	35	1	1	—	—	1	3	10	19
BE 47	Motor vehicle accidents .. E810-E835	—	1	—	—	1	—	—	—	1	—	—	1	—	—	5	—	—	—	9	—	—	—	2	—	2	2	3
BE 48	All other accidents .. { E800-E802 { E840-E965	2	1	1	1	1	—	3	—	4	1	—	—	1	—	20	3	—	—	38	2	—	2	—	1	5	7	21
BE 49	Suicide and self-inflicted injury E970-E979	1	—	2	1	—	1	—	1	2	—	—	—	3	—	—	—	—	—	11	—	—	—	—	1	1	7	2
BE 50	Homicide and operations of war E980-E999	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
TOTALS .. . . .		45	28	91	9	49	55	34	23	131	31	24	52	91	42	151	227	19	25	1127	60	2	6	8	12	63	270	706











